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**Actions for the further implementation of the Programme
of Action of the International Conference on Population
and Development****Monitoring of population programmes, focusing on
integrating population issues into sustainable development,
including in the post-2015 development agenda****Report of the Secretary-General***Summary*

The post-2015 development agenda will unfold in the midst of dramatic demographic transformations that coincide with aspirations for health, security and justice for people everywhere, including future generations. In the Programme of Action of the International Conference on Population and Development, Member States recognized the unassailable link between dignity and human rights, population dynamics and sustainable development, which has been affirmed in the 20 years of its implementation.

The present report, prepared by the United Nations Population Fund (UNFPA), highlights the experiences of Members States in addressing population issues that are central to defining and implementing a post-2015 vision for sustainable development: mobility and urbanization of the human population; the time-bound opportunity to enable demographic dividends; the centrality of sexual and reproductive health and rights; and the potential for reaping returns on population data. These experiences provide crucial lessons for the realization of equality and development that progresses in harmony with nature.

* E/CN.9/2015/1.



I. Introduction

1. In the post-2015 period, the future development agenda will unfold in the midst of dramatic demographic transformations: a global population of 7.3 billion, projected to reach 8.4 billion by 2030; with the largest ever cohort of young people between the ages of 10 to 24 years old, and of persons over the age of 65; increasing internal and transnational mobility; a rising number of small and one-person households; and an unprecedented scale of urbanization. These dynamic changes in the structure and living arrangements of the human population are coinciding with rising aspirations for human development, aspirations that seek not only health, security and justice for all people everywhere, but also for future generations, requiring that development delivers equality and progresses in harmony with nature.

2. In the Programme of Action of the International Conference on Population and Development, Member States recognized the unassailable link between dignity, human rights and health, population dynamics and sustainable development. The findings and conclusions of the 20-year operational review of the Programme of Action beyond 2014, contained in the report of the Secretary-General on the framework of actions for the follow-up to the Programme of Action (A/69/62), affirmed that these elements cannot be detached from one another.

3. The realization of dignity and human rights depends on reducing inequalities that are broadly recognized as undermining durable economic growth and sustainable development. The commitment of the international community at all levels of international cooperation, in various declarations and instruments, to gender equality and sexual and reproductive health and reproductive rights, is not only an aspiration for dignity, but is also pivotal to creating the enabling conditions for women to define the direction of their lives, expand their capabilities and elaborate their chosen contributions to society.

4. Inequality has special relevance for human mobility, because lack of opportunity may force people to seek decent work elsewhere. Because adolescents and young people, including an increasing proportion of young women, have high rates of migration to pursue education, employment and greater life chances, age structures and economic inequality affect the extent to which countries experience high rates of rural to urban migration and whether they are more likely to be sending or receiving new international migrants. In conditions of political conflict or environmental crisis, inequality and poverty are no less critical, for while all are likely to experience instability, those with the fewest resources will suffer the greatest and most enduring disruptions.

5. The present report highlights population themes that are central to realizing the future we want and to defining a post-2015 vision for development: mobility and urbanization of the human population; the time-bound opportunity to enable demographic dividends; the centrality of sexual and reproductive health and rights; and the potential for benefiting from the statistical collection of population data. These themes are not meant to be comprehensive, but rather to illustrate critical opportunities to advance the key message of the Programme of Action, reaffirmed in the 20-year operational review, that investing in people and operationalizing the principles of human rights, dignity, equality and non-discrimination are the cornerstone of our common prosperity and our sustainable future.

II. Mobility and urbanization

6. The human population is increasingly mobile, and it is characterized by major shifts in physical and social space, including rural and urban location, temporary and permanent mobility and new household formation and size, which will have major impacts on how sustainable development unfolds. Any vision for the achievement of sustainability will have to integrate these dynamics in all their diversity.¹

7. One of the clearest instances of the importance of planning for changes in population location and mobility is the rapid pace and large scale of urbanization. While in many developing countries the rural population continues to be large, from 2015 to 2030 the world is projected to add over one billion urban residents. Africa is likely to experience the largest relative increase, with over 60 per cent more urban residents than it has currently, while Asia is likely to experience a 30 per cent increase in its urban population.²

A. Urbanization, economic growth and poverty reduction

8. Throughout world history, urbanization has been associated with social progress and development. In developing countries, social and economic indicators show that urban populations are, in aggregate, significantly better off than their rural counterparts. Yet many urban citizens are unable to reap the benefits of economic progress. The development needs of urban slum dwellers was recognized in Millennium Development Goal 7, target 7.D, and while the target to improve the lives of 100 million slum dwellers has been achieved, over the same period of time the slum population grew to over 850 million.

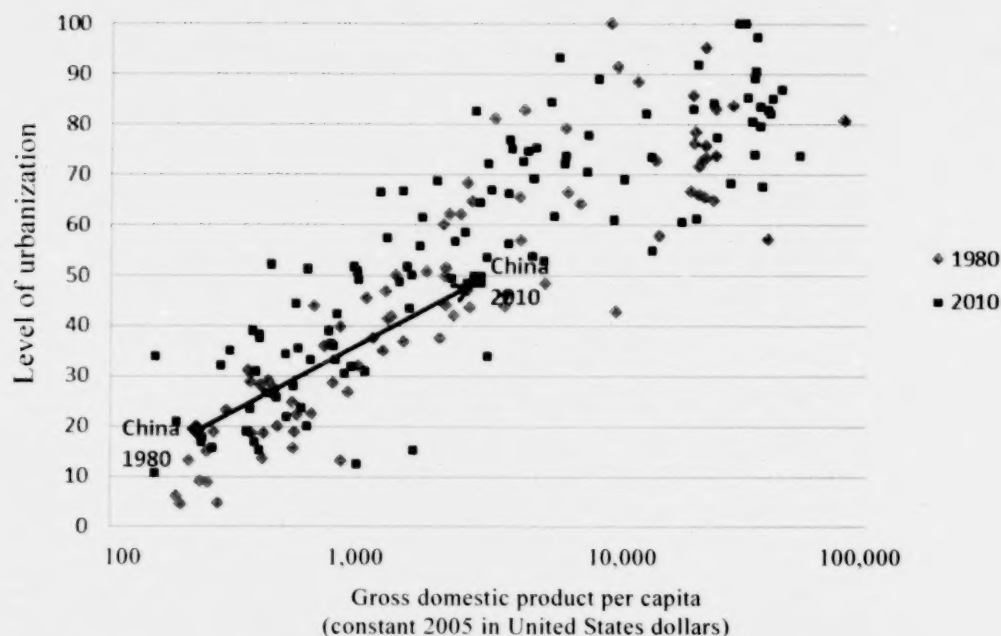
9. There is a strong historic association between urbanization and economic growth. Over the past 30 years, China has experienced the largest urbanization the world has ever seen, coinciding with rapid economic growth and poverty reduction that accounts for upwards of half that observed since the adoption of the Millennium Development Goals.

¹ United Nations Population Fund, United Nations Department of Economic and Social Affairs, United Nations Human Settlements Programme and International Organization for Migration, *Population Dynamics in the Post-2015 Development Agenda: Report of the Global Thematic Consultation on Population Dynamics*, New York, 2013.

² United Nations, Department of Economic and Social Affairs, Population Division, *World Urbanization Prospects: The 2014 Revision* (CD-ROM edition).

Figure 1

Level of urbanization and gross domestic product (GDP) per capita by country, 1980 and 2010



Source: Information extracted from McGranahan and Martine (2014).

10. Well aware of the urbanization process, particularly driven by rural-urban migration, the Chinese Government tied urbanization to industrial transformation, creating urban manufacturing agglomerations along the eastern coast that spurred rapid economic growth and generated demand for labour. The Government, including through empowering local municipalities, invested heavily in building bulk infrastructure and services and provided investors with the ability to purchase rights to this newly serviced land, thus creating sufficient stability for entrepreneurship and productive enterprises, while helping the Government to recoup costs. These policies, which were part of a nationwide economic transformation linked to demographic change, could be applied in other countries undergoing large-scale urbanization, as could the lessons learned from the cost of transformation that are being addressed by recent policies.³

B. Urbanization and climate change

11. Urban living can be more resource efficient than dispersed or rural living, allowing for economies of scale in service provision and resource use, but cities

³ McGranahan, Gordon; Jia, Guoping; Han, Guoyi; and Hoekman, Arie, "China's radical urbanization and bringing capital and labour together step by step" in McGranahan, Gordon, and Martine, George, eds., *Urban Growth in Emerging Economies*, New York, Routledge, 2014.

today account for upwards of 70 per cent of the world's greenhouse gas emissions.⁴ Urban land growth has been associated with environmental degradation and increased pressures of human settlements on fragile ecosystems, as well as gains in wealth and cultural shifts that tend to increase consumption, with negative effects on the environment. Hence, cities have a major role to play in climate change mitigation, a role that is increasingly recognized within the negotiations on the United Nations Framework Convention on Climate Change and among the global networks of cities and city stakeholders focused on reducing the environmental impacts of the urban centres.

12. Within urban areas, climate change is likely to have most impact on the poor and marginalized groups — the populations that live in urban slums often reside in ecologically vulnerable places, lack access to essential services and infrastructure and are excluded from city governance.⁵ A core safeguard for ensuring that climate adaptation and upgrades and improvements to informal settlements are pro-poor and pro-urbanization is a lead role for the community. The Community Organizations Development Institute of Thailand has a model of community-driven upgrades implemented in hundreds of slums, many highly climate vulnerable, in concert with community organizations and networks of slum dwellers. The Baan Mankong programme is built on a collaboration between the Government and communities to identify well-located land for upgrades and resettlement, allowing urban housing development to achieve high densities and reduced environmental vulnerability with strong community control.⁶

C. Displacement and humanitarian crises

13. In the last few years conflicts and disasters have resulted in the widespread displacement of people, requiring urgent humanitarian assistance. In 2013, armed conflict and generalized violence resulted in 33.2 million internally displaced persons, the highest figure ever recorded. In addition, according to reports from the Office of the United Nations High Commissioner for Refugees, in mid-2014, there were an estimated 13 million refugees in the world, an increase of 1.3 million over the preceding six months.⁷ The global refugee burden from ongoing and new conflicts reflects the changing nature of conflict from inter-State to intra-State, resulting in new movements of millions of people from Libya, Mali and the Syrian Arab Republic, both within and across national borders, with no immediate solutions in sight. Displaced people include many who have been living as internally displaced persons or refugees for more than a generation, and many who have been born and reached adulthood under conditions of displacement, for

⁴ UN-Habitat, 2011, *Cities and Climate Change: Global Report on Human Settlements 2011*.

⁵ McGranahan, Gordon; Balk, Deborah; Martine, George; and Tacoli, Cecilia, "Fair and Effective Responses to Urbanization and Climate Change: Tapping Synergies and Avoiding Exclusionary Policies" in Martine, George and Schensul, Daniel, eds., *The Demography of Adaptation to Climate Change*, New York and London, UNFPA and International Institute for Environment and Development, 2013.

⁶ See Boonyabancha, S., "Land for housing the poor — by the poor: experiences from the Baan Mankong nationwide slum upgrading programme in Thailand", *Environment & Urbanization*, vol. 21, Issue 2, 2013.

⁷ Office of the United Nations High Commissioner for Refugees, "Mid-Year Trends", 2014.

example internally displaced persons in the Sudan, or Afghan and Palestinian refugees.

14. Displacement and insecurity sometimes affect a significant proportion of a given country's population. For example, in 2013 more than half of the population of the Central African Republic was in need of urgent humanitarian assistance, yet this situation garnered little global attention compared to other humanitarian emergencies. Such contrasts highlight the need for more equitable systems of response so that such crises do not go unnoticed in the global agenda.

15. In 2013, disasters across the globe, the large majority climate-related, resulted in the displacement of 22.4 million people. With the impacts of climate change projected to increase, risk of displacement will rise. India has undergone a fundamental transformation in its disaster response, including significant improvements in early warning and evacuation. In 1999 Odisha cyclones (cyclone 05B) hit the States of Odisha and Andhra Pradesh, creating devastating damage, with over 10,000 lives lost. In 2013, a cyclone of similar strength, cyclone Phailin, hit the same area. The impact of the latter cyclone caused massive damage to physical infrastructure and the fishing industry, yet just 44 lives were lost. In the aftermath of the cyclone in 1999, India had invested, at the State level, in a new agency for disaster management as well as a widespread network of cyclone shelters. The Indian Meteorological Department also contributed significantly improved forecasts and early warning, which, in advance of cyclone Phailin, spurred the evacuation of almost 1.2 million people, significantly reducing its impact.⁸ These advances demonstrate that disaster impacts can be mitigated significantly if there are sufficient investments in both preparedness and information systems.

16. Just under a month later, typhoon Haiyan hit the Philippines and Viet Nam, showing the limits of disaster preparedness in the face of one of the largest storms to make landfall, and underscoring the parallel need to act urgently on climate change to prevent growing severity and frequency of storms.

17. Humanitarian crises, both large and small in human numbers, lead to profound life challenges for those affected and create untenable economic burdens for host and recipient societies. The global development community needs to create lasting solutions, and to ensure the human rights, dignity and security of those caught in such circumstances.

D. Mobility of young people

18. Due to conflict, or the loss of rural livelihoods, young people around the world are moving to urban areas in increasing numbers in search of economic opportunities. More young people than ever are also being born and growing up in cities, and one-person households, especially those composed of young adults (20-39 years of age), are more common in urban areas.⁹ Their experiences vary significantly, but common risks of poverty and exclusion have been observed in cross-national studies.

⁸ United Nations Environment Programme, "Cyclone Phailin in India: Early warning and timely actions saved lives", (website) 2013.

⁹ See A/69/62.

19. Results of the WAVE study (Well-being of Adolescents in Vulnerable Environments) in six cities around the world revealed that the social connections young people have, both with caregivers in their homes and members of their communities, significantly shaped self-reported health indicators. Young women are particularly reliant on social capital and networks for resources and opportunities.¹⁰

20. Young women in cities face changing social norms, including delayed marriage, greater access to education and information, more opportunities for paid labour outside their households and norms of greater gender equality. At the same time, there is evidence that migration can place young women in circumstances of precarious security, and undue risks of sexually-transmitted infections and HIV.¹¹ It is therefore imperative that investment in overall development include investments in gender equality and social protection.

21. In a programme focused on urban adolescent girls in Addis Ababa, the United Nations Population Fund (UNFPA) is supporting out-of-school girls by creating safe urban spaces where they can build functional literacy and life skills and obtain access to HIV and reproductive health education, and where they can develop social support networks through girls clubs led by female mentors. In partnership with the Department for International Development of the Government of the United Kingdom, and the Nike Foundation, these clubs are being scaled up to reach 200,000 adolescent girls in 38 districts in the Amhara region of Ethiopia.

III. Enabling demographic dividends

22. The global population of adolescents and young people is at its highest number in history, with, according to estimates of the Department of Economic and Social Affairs, a population of 1.2 billion people between the ages of 15 and 24 in 2015, and 1.9 billion young people projected to turn 15 years old between 2015 and 2030. Adolescence represents a transitional period from childhood to adulthood that brings with it significant risks and opportunities. Investments made in young people during this critical period will shape their lives and the future of a world that will be increasingly dependent on them. This cohort holds the potential for significant dividends in many countries of the world, one that is contingent on protecting and promoting young people's human rights to education, health and development. While survey data on adolescents and young people are scarce, the available evidence suggests that they are increasingly mobile, clustered in urban areas, underemployed relative to their aspirations and increasingly aware of their human rights.¹²

23. As reported by the Department of Economic and Social Affairs, in countries where young people between the ages of 10 to 24 represent more than 30 per cent of the population, particularly in sub-Saharan Africa and parts of South Asia, health and education systems are weak, and inadequate for the growing numbers of adolescents and youth expected in the coming 15 years. Without universal access to

¹⁰ Marshall, Beth Dail; Astone, Nan; Blum, Robert W.; Jejeeboy, Shireen, et al., "Social Capital and Vulnerable Urban Youth in Five Global Cities", *Journal of Adolescent Health*, vol. 55, Issue 6.

¹¹ Camlin, C. S., et al., "Gender, Migration and HIV in Rural KwaZulu-Natal, South Africa". PLOS One, 2010.

¹² UNFPA, *The Power of 1.8 Billion, State of the World's Population 2014*.

sexual and reproductive health, including unrestricted access to information and services as well as life skills, young people, particularly adolescent girls, experience far higher rates of early marriage, early and unplanned pregnancy, maternal death, unsafe abortion and sexually transmitted diseases including HIV, leaving them less able to fulfil their potential.

24. While investments in education and health, including sexual and reproductive health and rights, expand human opportunity and happiness throughout the course of life, they can be especially advantageous for development when age structures favour a potential “demographic dividend.” A number of countries face this potential dividend in the coming 15 to 30 years because they have recently undergone a rapid decline in the number of children born to each woman, which will lead to a high proportion of working age adults relative to small children or the elderly (that is, a low dependency ratio) in the coming 15 to 30 years. Low dependency ratios mean that working-age adults have more resources for consumption, savings or investment, potentially raising both household and national wealth. Many of these countries, notably those in sub-Saharan Africa and South Asia, are hoping to realize a demographic dividend for their development.

Table 1
Education, health and gross domestic product: “BRIC” countries

	India	China	Brazil	Russian Federation
Public expenditures on health, 2010				
As a percentage of GDP	1.2	2.7	4.2	3.2
Per capita (purchasing power parity, constant 2005 international dollars)	39	203	483	620
Mean years of schooling, age 25 and above (2011)	4.4	7.5	7.2	11.7
Literacy rate, ages 15-24 (2010) (percentage)				
Male	88	99	99	100
Female	74	99	97	100
GDP per capita, 2011 (purchasing power parity, constant 2005 international dollars)	3 203	7 418	10 279	14 821

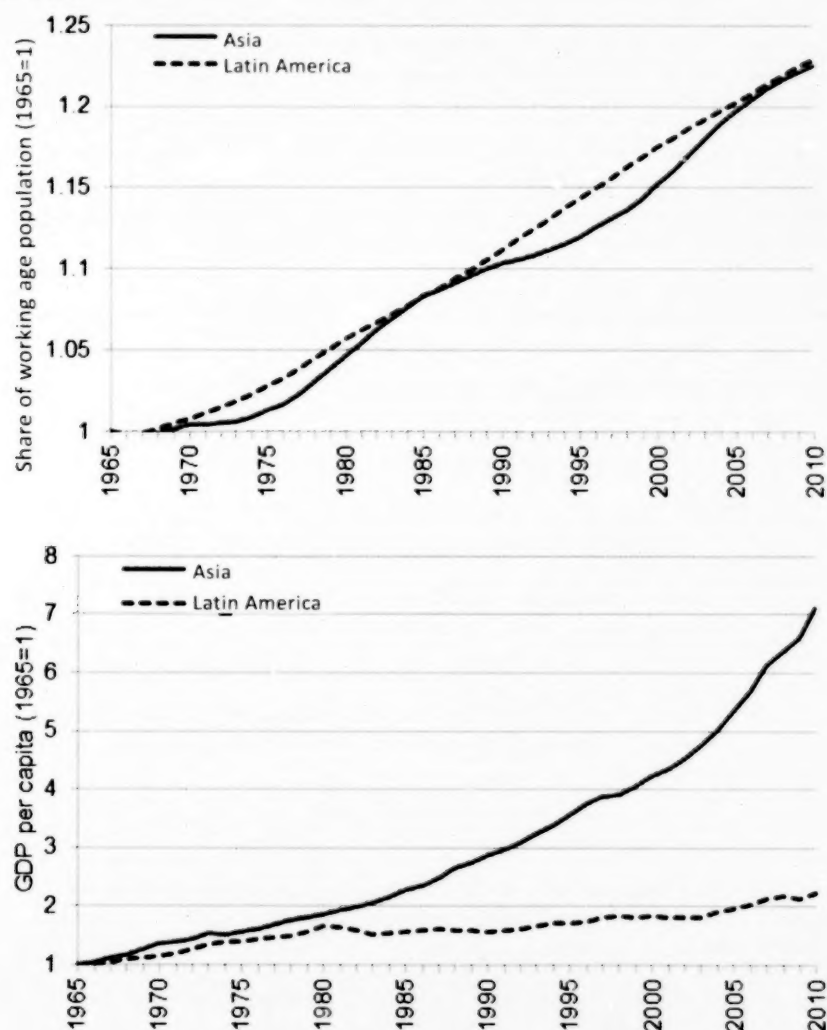
25. A working age population with fewer dependents is no guarantee of greater productivity or wealth, but it provides a time-limited window of opportunity for growth if it coincides with strategic investments to enhance human capital and create an enabling environment for businesses to demand and deploy those skills efficiently and equitably.¹³ Investments in health and high quality education have supported rapid economic growth in many countries, but with notable differences. For example, Asia experienced a seven-fold increase in GDP per capita during its demographic window, whereas Latin America experienced only a two-fold increase (see figure II).¹⁴ Factors proposed to explain Asia’s greater GDP growth include greater investment in education and health, physical capital, and an initial emphasis

¹³ See Commission on Growth and Development, *The Growth Report: Strategies for Sustained Growth and Inclusive Development*, Washington, D.C., 2008.

¹⁴ Drummond, Paulo; Thakoor, Vimal; and Yu, Shu, “Africa Rising: Harnessing the Demographic Dividend”, International Monetary Fund (IMF) Working Paper, 2014.

on labour-intensive export-led industry. In fact, a recent comparison of the “BRIC” countries (Brazil, Russian Federation, India and China), shows a higher GDP per capita associated with higher public per capita investments in health, greater literacy and more years of schooling (see table 1).

Figure II
Working age population and GDP per capita in Asia and Latin America,
1965-2010



Source: “Africa Rising: Harnessing the Demographic Dividend” (see ¹⁴).

26. Policies that promote productive employment are critical as a complement to human capital investment and vary heavily by context. In sub-Saharan Africa, recent proposals highlight the prospects for growth within three main sectors: agriculture, where the vast majority of the labour force works and significant opportunities exist

for efficiency and productivity gains;¹⁵ household enterprises where many young people get their start; and growth and diversification of the modern wage sector.¹⁶

27. Investments in young people can foster innovation and advance the capabilities of an entire generation in all fields of study. Intentional investments in science, technology, engineering and math can further industrial innovation, twenty-first-century manufacturing and the green economy needed for a sustainable future. Nine of the post-2015 sustainable development goals proposed by the Open Working Group of the General Assembly on Sustainable Development Goals (see A/68/970 and Corr.1) explicitly call for new knowledge and professional capacities as targets for their fulfilment: global investment in the capabilities of young people in key areas may have powerful multiplier effects, furthering the achievement of numerous development goals (see table 2).

Table 2

Preparing the next generation to deliver sustainable development: goals of the Open Working Group on Sustainable Development Goals for which education and training is an explicit target and vehicle for achievement

<i>Goals Targets</i>	
3	3.b Support the research and development of vaccines and medicines
	3.c Increase training and retention of the health workforce
	3.d Strengthen the capacity for early warning, risk reduction and management of national and global health risks
4	All targets
6	6.a Expand capacity-building support in water and sanitation
9	9.5 Enhance scientific research and upgrade the technological capabilities, including by increasing the number of research and development workers
	9.b Support domestic technology development, research and innovation
12	12.a Support developing countries to strengthen scientific and technological capacity to move towards more sustainable patterns of consumption and production
13	13.3 Improve human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
	13.b Raise capacity for effective climate change-related planning and management in the least developed countries
14	14.a Increase scientific knowledge, develop research capacity and transfer marine technology, specifically in the small island developing States and the least developed countries
16	16.6 Develop effective, accountable and transparent institutions at all levels

¹⁵ UNCTAD, "Wake Up Before It Is Too Late: Make Agriculture Truly Sustainable Now for Food Security in a Changing Climate", *Trade and Environment Review 2013*.

¹⁶ Filmer, D. et al., *Youth employment in Sub-Saharan Africa*, Vol. 2, Africa Development Forum Series, Washington, D.C., World Bank Group, 2014.

Goals Targets

-
- 16.a** Strengthen relevant national institutions, including through international cooperation, for building capacities at all levels
- 17 17.6** Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation
- 17.8** Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for the least developed countries by 2017
- 17.9** Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans;
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Source: A/68/970 and Corr.1.

28. The social and economic benefits of greater investments made in the lives of young people today will be shown not only in their adult years, but also as they age. Japan and other countries with large ageing populations in 2015 experienced a baby boom 40 to 50 years ago, and their current capacity to accommodate the well-being of older persons reflects their earlier investments in the health, education and employability of young people, and the extent to which adequate employment enabled people to accumulate household savings and wealth.

29. In 2015, more than 20 per cent of the population of Japan, and 19.8 per cent of the population of Western Europe, are over age 65. Public policies in Japan provide a valuable road map for the use of Government programmes to sustain the well-being of an ageing society, including the provision of incentives to companies to hire people between the ages of 45 to 64 so as to enhance the economic independence of older persons.¹⁷

A. Advancing gender equality

For most of the world's women, and young women in particular, the struggle for individual human rights and the freedom to decide on their personal future has been a historic struggle, one that is far from won. The extent to which societies have tolerated the use of force and violence to sustain patriarchal control over women, in diverse countries and across all classes of society, is one of the great injustices of human history. If women are to contribute to the enrichment and growth of society, to innovation and to development, they must have the opportunity to decide on the number and timing of their children, and to do so free from violence or coercion, with full confidence that pregnancy and childbirth can be entered into without grave fear of illness, disability or death, and with confidence in the likelihood that their children will survive and be healthy.

Framework of actions, 2014 (A/69/62, para. 793)

¹⁷ UNFPA, *Ageing in the Twenty-First Century: A Celebration and a Challenge*, New York, 2012.

30. The empowerment of women and girls, combined with an expanding working age population, furthers the potential for a demographic dividend, as a youthful population with equal opportunity for both genders can be a formidable asset for innovation and creativity.

31. Targeted investments for women must begin early in life, releasing girls from traditional practices such as female genital mutilation or forced marriage that violate their right to bodily integrity and self-determination. Despite important legislative efforts to eliminate child marriage and female genital mutilation, and a decline in adolescent birth rates over the past 20 years, as many as half of all girls are still married before age 18 in some countries, more than 3 million girls are subjected to female genital mutilation each year and early pregnancy contributes overwhelmingly to maternal death, including death from unsafe abortions.

32. Growing efforts to prevent and eliminate child, early and forced marriage include partnerships between the Governments of countries with some of the highest rates of marriage before age 18, including Ethiopia, Malawi, Nepal, the Niger and Pakistan, and United Nations agencies and civil society. Recent evidence identifies the need for parallel interventions that simultaneously build community support for raising the minimum age at marriage, expand schooling and employment opportunities for young women and tackle legislative reform. In 2013, the Human Rights Council adopted a landmark resolution to prevent and eliminate child, early and forced marriage, deepening global commitments and strengthening efforts to have age 18 recognized as the minimum age of marriage in all countries.

33. In highly populated countries such as Egypt, Ethiopia and Nigeria the prevalence of female genital mutilation among girls aged 15 to 19 years is 80.7 per cent, 62.1 per cent and 15.3 per cent, respectively. While progress has been made in passing legislation against the practice, enforcement remains a challenge in many countries. A social norms perspective, reframing concepts and traditions related to female genital mutilation, has been at the core of UNFPA programming, creating a non-threatening space where people can re-evaluate their own beliefs and values regarding this practice.

34. All efforts to build gender equity, including in education and training, should explicitly address the eradication of gender-based violence and redress attitudes that perpetuate discrimination and violence. A critical finding of the report of the Secretary-General on the framework of actions was that public intolerance and discriminatory attitudes in society are clustered, so that intolerance towards one group, such as women or immigrants, or persons living with HIV and AIDS, leads to intolerance towards other groups.⁹ Hence, societies that endorse values of non-discrimination and tolerance extend such values broadly, and there is evidence that such values can be shaped by education.¹⁸ Education that encourages fair and equal treatment of all persons and builds the confidence of both boys and girls to pursue their aspirations should be a hallmark of twenty-first-century education everywhere.

35. Governments, United Nations partners and civil society are elaborating and testing a wide range of efforts to promote values of gender equality and the dignity and human rights of all people. In Burkina Faso, the H4+ programme, a joint effort

¹⁸ World Health Organization, *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*, Geneva, 2007.

of six United Nations agencies to improve the health of women and children, is promoting gender awareness through media that highlights problems of gender and human rights and gender-sensitive reproductive health care. In Burkina Faso and the Niger, schools for husbands ("*Ecoles de Maris*") are engaging men to support women's reproductive health and positive change for women and girls. In India, Promundo has tested innovative gender training for schoolchildren, with measurable effects on the respect boys show to girls, including a decrease in support for sexual harassment of girls.¹⁹

36. The empowerment of women and girls requires ensuring equality of opportunity and outcomes in work, compensation and the right to govern. Women are disproportionately more likely to be illiterate and among those in informal and fragile employment, and they have fewer opportunities for leadership in both the public and private sectors. Women are also disproportionately responsible for the family, including providing care for older persons and those with special needs, creating a double burden of responsibility for many women. Gender parity in the workplace and co-responsibility within the family are both necessary for women's empowerment.

IV. The critical value of sexual and reproductive health and reproductive rights

37. Social and economic discrimination against girls and women has special ramifications within sexual and reproductive relationships, including marriage. Central to fulfilling the human rights of girls and women is the matter of protecting them from unintended pregnancies, maternal morbidities, unsafe abortion, sexually transmitted infections and HIV and the risk of early death, and ensuring that adolescent girls can stay in schools and fulfil their potential. Complications from pregnancy and childbirth together remain a significant cause of death among adolescent girls between 15 and 19 years of age in developing countries. The continuing burden of maternal mortality, affecting an estimated 289,000 women in 2013,²⁰ reflects the fatal confluence of gender discrimination and persistent gaps, nationally and globally, to ensuring universal sexual and reproductive health and reproductive rights.

38. Currently, an estimated 225 million women in developing countries are not using effective methods of contraception.²¹ Access to contraceptive services and information is a human right, central to gender equality and women's empowerment, and a key factor in reducing poverty and enhancing development.²² Respect for individual dignity and for the physical and mental integrity of each person means providing each person with the opportunity to make reproductive choices

¹⁹ See Verma, R. K.; Pulerwitz, J.; Mahendra, V.; Khandekar, S.; et al., "Challenging and changing gender attitudes among young men in Mumbai, India", *Reproductive Health Matters*, vol. 14, Issue 28.

²⁰ World Health Organization, *Trends in Maternal Mortality: 1990 to 2013: Estimates by WHO, UNICEF, the World Bank and United Nations Population Division*, Geneva, 2014.

²¹ Guttmacher Institute, 2014, *Adding it up: The Costs and Benefits of Investing in Reproductive Health 2014*.

²² For further information, see UNFPA/WHO, "Ensuring human rights within contraceptive service delivery: implementation guide" (to be published February/March 2015).

autonomously. The principle of autonomy, expressed through free, prior, full and informed decision-making, is central to medical ethics, and is embodied in human rights law. People should be able to choose from a range of safe and reliable contraceptive methods and to refuse any options. Informed decisions should be based on comprehensive information, counselling and support that are accessible to all people, without discrimination.

39. Investments over the past 15 to 20 years have yielded measurable progress in sexual and reproductive health and reproductive rights, but aggregate gains mask stark disparities in access to sexual and reproductive health services across and within countries, particularly among those in the lowest wealth quintiles.⁹ Further investments in sexual and reproductive health and reproductive rights are cost-effective, since for every dollar spent on contraception the cost of pregnancy related care is reduced by \$1.47. Of much greater consequence is the potential to save lives. By reaching 100 per cent coverage for maternal care and contraception, annual maternal deaths would be reduced from 290,000 women annually to 96,000.²¹ The life-saving benefits of these investments extend far beyond the women and girls to their families, societies and the economy.

40. UNFPA through its global programme to enhance reproductive health commodity security supports the efforts of 46 countries to build stronger health systems and ensure access to a reliable supply of contraceptives and condoms for family planning, the prevention of HIV and sexually transmitted infections, and life-saving medicines for maternal health. As a result, the use of modern methods of contraception has increased over the last three years by 17.7 per cent in Rwanda, 14.5 per cent in Ethiopia and, over the last five years, by 8.9 per cent, 8.8 per cent and 8.1 per cent in Sierra Leone, Liberia and Uganda, respectively. There are notable gains in method mix, with three methods of contraception available at more than 70 per cent of rural service delivery points in Burkina Faso, Côte d'Ivoire, Ethiopia, Gambia, the Lao People's Democratic Republic, Nepal, the Niger, Nigeria and Sierra Leone, and at least five modern methods at 100 per cent of tertiary level service delivery points in most of those countries.

41. The programme also supports countries by training service providers, including in long-acting reversible contraceptive methods, and in implementing action plans for demand generation, with a focus on young people. Further life-saving medicines, misoprostol, magnesium sulfate and oxytocin, among others, are now increasingly available in programme countries, including Burkina Faso, Ethiopia, Haiti, Nigeria, the Niger and Sierra Leone.²³

A. A needed revolution in health-system strengthening

42. Inadequate investments in long-term health-system strengthening has left the world vulnerable to unnecessary suffering and death. The health systems of countries in sub-Saharan Africa and South Asia cannot provide quality care for large numbers of their people due to inadequate numbers of health workers, a lack of requisite commodities, or both. Even within middle- and high-income countries,

²³ UNFPA, *The Global Programme to Enhance Reproductive Health Commodity Security: Annual Report 2013*.

health-system coverage or quality is often inadequate for the poor, the uninsured and undocumented and those facing social discrimination.

43. Human resources are the cornerstone of health systems, yet the global health worker shortfall is over 7 million, exacerbated by the uneven distribution of health-care workers across and within countries. A major expansion of health-worker training is sorely needed, including sound career structures, fair remuneration and recognition to ensure retention and rational distribution.

44. The above-mentioned UNFPA H4+ programme is organizing national appraisals to identify and provide the most cost-effective interventions to increase coverage of quality sexual, reproductive, maternity, newborn and child health in high-burden countries. A key feature of H4+ support has been addressing the widespread need for skilled health workers. The H4+ report, *State of the World's Midwifery 2014*, provides a rich analysis and argument for the potential of midwifery to meet many of these needs, and the H4+ programme has spearheaded the standardized training of midwives worldwide. The number of health workers receiving direct specialized training for reproductive, maternal and newborn care through H4+ initiatives is growing, including an estimated 6,500 health-care providers in five African programmes in 2013 alone.

45. Innovative financing of health systems is also needed, as reflected in the recent establishment of the Global Financing Facility.²⁴ Designed to support the "Every Woman, Every Child" initiative,²⁵ the Facility is an example of a multi-stakeholder mechanism with the potential to strengthen health systems where they are weakest. With a strong focus on women and girls, the Facility supports the transition to long-term sustainable domestic financing in developing countries. According to the World Bank, a special focus area is the expansion of civil registration and vital statistics capacities in recipient countries, with the aim of registering every pregnancy, birth and death by 2030.

46. Strong and effective health systems must have the data and information systems that allow them to anticipate and respond to national population trends, including the spatial and age distribution of the population, and changing health needs. Health information and care must be delivered to people where they are. Mobile and open-source electronic medical records offer new possibilities for health information systems in developing countries at lower cost and with greater efficiency.²⁶

47. Given that many countries anticipating a possible demographic dividend in the coming 15 to 20 years lack the necessary education and health systems for adolescents and youth, innovative partnerships with schools, civil society and other youth-centred sectors will be needed. The "youth enterprises model" in Uganda, a project designed by UNFPA to increase healthy lifestyle choices for young people,

²⁴ The Global Financing Facility was initiated by the World Bank Group, Norway, the United States of America and Canada, in close collaboration with H4+ partner agencies (UNICEF, UNFPA, WHO, UNAIDS, UN-Women and the World Bank Group), civil society organizations, the private sector and other development partners.

²⁵ Report of the Secretary-General, *Global Strategy for Women's and Children's Health*, New York, 2010.

²⁶ Blaya, J. A. et al. (2010), "E-Health technologies show promise in developing countries", *Health Affairs*, vol. 29, issue 20; Webster, P. C. (2011), "The rise of open-source electronic health records", *The Lancet*, vol. 377.

is premised on the integration of sexual and reproductive health with enterprise development and skills acquisition. The project delivers a package of sexual and reproductive health services to young people at three linked points of access, the school/vocational training institution, the health facility and the community/work place. In 2013 alone, 8,369 young people gained access to sexual and reproductive health care through this integrated programme.

B. Health system responses to complex humanitarian emergencies

48. The historically high numbers of displaced and conflict impacted people in the world today have spurred growing efforts to improve the timely provision of sexual and reproductive health services in fragile humanitarian contexts. As a result of the conflict in the Syrian Arab Republic, an estimated 12.2 million Syrians need humanitarian assistance, including 7.6 million internally displaced persons and 3.2 million refugees, of whom nearly 4 million are women of childbearing age. In times of conflict the risk of death during pregnancy and childbirth increases. Since the conflict began, nearly 115,000 Syrian children have been born as refugees in five host countries in the region, Jordan, Iraq, Lebanon, Turkey and Egypt, and many more were born inside the Syrian Arab Republic. As long as women and girls are caught in the crisis, they will need sexual and reproductive health and protection services.

49. UNFPA supports women's centres and safe spaces in the Syrian Arab Republic and in neighbouring countries that deliver sexual and reproductive health services, including maternal health services, contraception, protection and counselling for gender-based violence. They have established and are supporting 34 women's centres, 123 sexual and reproductive health clinics and mobile teams and 15 youth spaces and sport fields in the Syrian Arab Republic and host countries. They have ensured safe delivery for more than 2,000 babies in camp-clinics in Iraq and Jordan and provided dignity and hygiene kits and sexual and reproductive health care to 300,000 Syrians. Similar initiatives are under way among internally displaced young people in the eastern Ukraine.

50. Despite significant strides in meeting the sexual and reproductive health and reproductive rights needs of refugees and internally displaced persons in complex emergencies, sexual and reproductive health can be neglected during humanitarian responses, and the quality and range of such services suffers. Standardized tools now provide guidelines for programming sexual and reproductive health care in crises, including the "Inter-agency Field Manual on Reproductive Health in Humanitarian Settings", yet the integration of such health care into acute emergency responses nevertheless remains a challenge.

V. Reaping returns on investments in data

51. Each of the themes and cases presented above share a fundamental reliance on effective use of data. The report of the Secretary-General's Independent Expert Advisory Group on the Data Revolution²⁷ underscored that the data revolution is

²⁷ "A World That Counts: Mobilizing the data revolution for sustainable development", report of the Secretary-General's Independent Expert Advisory Group on a Data Revolution for

not an end in itself, but a mechanism to improve the lives of people, and to support equality and human rights. The data revolution entails many things including:

- Building on the wealth of official statistics that already exist in national statistical systems;
- Collecting more and better data on familiar as well as emerging aspects of well-being;
- Compiling data faster for real-time analysis and dissemination of data;
- Combining traditional data sources with new ones, including applications of “big data”;
- Producing and using data in new ways to promote transparency and accountability;
- Enhancing the utilization of data, statistical literacy and improved quality of statistics to meet international standards;
- Using and integrating data in informed decision-making and policies that affect people’s lives;
- Using data to monitor policy and programme implementation and assess results.

52. The goals and targets of the post-2015 development agenda must take into account current and future population dynamics, changing age structures, mobility patterns, urban growth and changes in the spatial distribution of people. Indicators, in turn, must be disaggregated, as appropriate, by sex, age, geography, economic and social characteristics. However, more data do not necessarily translate into better policies, as good quality and timely data need to be effectively analysed to ensure evidence-based decision-making.

53. Improving the timeliness and completeness of national vital registration data is already acknowledged as an urgent priority across the developing world. However, similar attention needs to be paid to improving the quality, coverage and local utilization of census and survey data, and support for analysis and the dissemination from the upcoming 2020 round of census needs to be increased. Not only will census data provide the baseline numbers for many indicators, including sustainable development goal indicators, but they provide the basis for drawing nationally representative sampling frames for many surveys and other data collection activities, including big data. Surveys such as the UNFPA Demographic and Health Surveys should include questions that are essential to understanding and measuring achievements for populations with unique needs, including young people and adolescents between the ages of 10 to 14 years. Data gaps need to be closed to ensure that diverse groups of people and key issues become visible through disaggregation.

54. Progress on this front has been significant in the Millennium Development Goal era (2000-2015). For instance, the remarkable success of Bangladesh in achieving a wide range of Millennium Development Goal targets, particularly regarding infant, child and maternal mortality, poverty and sexual and reproductive health, was closely tracked through the country’s data infrastructure. Indicators

Sustainable Development, November 2014.

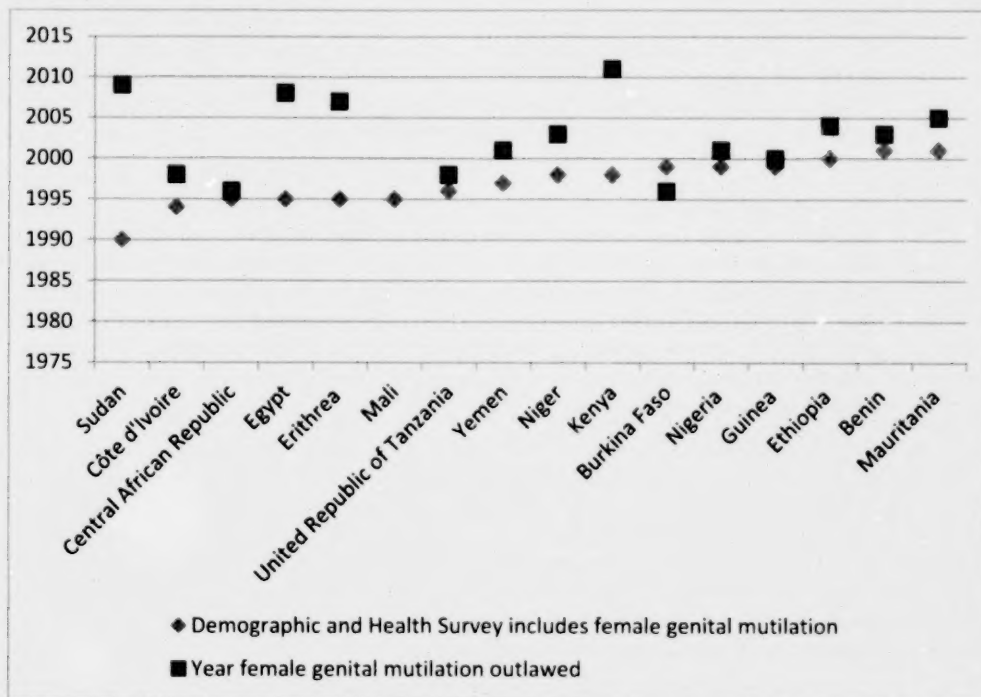
based on censuses and Demographic and Health Surveys were used to redefine the targets and strategies related to health, population and nutrition of the sixth five-year plan, as well as to revise the national population policy and national health policy in 2011 and 2012.

55. In Indonesia, UNFPA helped link the National Statistical Office and the National Board for Disaster Management to integrate census and village-level infrastructure data into the Indonesian disaster data and information database. The resulting database provides a comprehensive baseline of population and infrastructure at risk when disasters strike, allowing for a more accurate assessment of potential impacts, and responses which are better targeted to vulnerable populations.

56. Data can also support advocacy for social change, and the growing availability of national-level data on the prevalence of female genital mutilation since 1989 has been instrumental in garnering political support to outlaw and eliminate it. In partnership with national statistical offices, the Demographic and Health Surveys first gathered data on the prevalence of female genital mutilation in the Sudan in 1989, extending that to a total of 16 countries by 2002, and more since; repeat surveys have allowed for the monitoring of changes in the practice of female genital mutilation. The availability of sound data on female genital mutilation contributed to legislative momentum for change, and laws outlawing it passed for the first time, or were amended to strengthen prohibitions, in 14 of these countries following their first national survey on female genital mutilation (see figure III).

57. Likewise, surveys on the prevalence of violence against women have provided growing evidence for policy reform. UNFPA has supported research on violence against women within, among others, eight countries of the Pacific, the Cook Islands, the Federated States of Micronesia, Kiribati, Nauru, Palau, the Marshall Islands, Samoa and Solomon Islands, and supported an analysis of existing data on such violence in Fiji, Papua New Guinea, Tonga and Vanuatu. These findings inform the universal periodic review and reporting to the Committee on the Elimination of Discrimination against Women and have facilitated the ability of Governments to pass domestic violence legislation and implement policies and declarations to combat violence against women. Likewise, the Democratic Republic of the Congo, with support from UNFPA, has established an information management system on gender-based violence, which has improved programming and advocacy in this field. UNFPA also supported the Ministry of Gender in its conduct of a data analysis of gender-based violence that led to policy change, including a draft family code that is currently under review at the parliamentary level.

Figure III
New laws prohibiting female genital mutilation consistently followed first-time data collection on the practice



58. National ownership of data is a prerequisite for development, and the data revolution provides a major new and critical opportunity to address statistical capacity-building, in partnership with the private sector and other non-State actors, for the generation and timely utilization of high-quality subnational, national, regional and global data in all countries.

VI. Intersecting vulnerabilities and the Ebola crisis

59. Disease outbreaks can place enormous strain on any society, but when they occur in extremely poor countries, their consequences can be catastrophic. The current Ebola crisis affecting Guinea, Liberia, and Sierra Leone in West Africa is a riveting example of such circumstances. Throughout the 1990s and into the new millennium, both Sierra Leone and Liberia had sustained civil wars, resulting in the displacement of an estimated half of Sierra Leone's population²⁸ and, by the end of 2003, 500,000 to 600,000 people in Liberia.²⁹ During and following the wars,

²⁸ Kaelin, Walter, United Nations briefing paper, "Durable solutions for internally displaced persons: an essential dimension of peacebuilding", United Nations Peacebuilding Commission, 2008.

²⁹ Office of the United Nations High Commissioner for Refugees, "Real-time evaluation of UNHCR's IDP operation in Liberia", 2007.

displacement led to unplanned urbanization, and the development of dense urban slums surrounding the capitals of both countries.

60. All three countries are among the least developed, with weak and fragile health systems and poor public infrastructure. Prior to the outbreak, the proportion of live births attended by skilled health personnel, a valuable indicator of access to health services, was 61 per cent in Liberia, 60 per cent in Sierra Leone and only 45 per cent in Guinea. Maternal mortality ratios were correspondingly high, at 640, 1,100, and 650 deaths per 100,000 births in Liberia, Sierra Leone and Guinea, respectively³⁰ — among the highest rates worldwide.

61. The unprecedented toll of the ongoing Ebola outbreak in these countries, with the World Health Organization (WHO) reporting that 22,000 confirmed, suspected and probable cases, and more than 8,000 deaths, highlights the grave consequences of complex health emergencies where health workers are insufficient in number to start with and, in the case of the Ebola outbreak, are immediately placed in harm's way. Indeed, health outbreaks also depend on rapid identification of contacts, isolation and care, which can be compromised where health communication systems are still manually implemented.

62. Beyond the extraordinary toll Ebola is taking on human life, families and communities, the epidemic is extracting a high cost on the West African economy. If contained by early 2015, the World Bank estimates that lost GDP for the region as a whole will amount to an estimated \$2.2 billion for 2014, and an added \$1.6 billion in 2015.³¹ This reflects not only the direct costs of Government spending on the illness, but the indirect costs of ill and dying workers, mobility restrictions and "aversion" behaviour at both the individual and national scale, which has disrupted transport, trade and all travel to the region.

63. New technologies can assist in leapfrogging over some structural inadequacies. UNFPA, in partnership with Columbia University's Earth Institute and the National Coordination Unit of Guinea, has deployed a new mobile phone application using software that allows people tracing contacts to report suspected cases in real time and to geographically place the locations of contacts, significantly cutting down response times of local health officials. This system has the potential to limit the spread of disease and increase survival. UNFPA reports that by December 2014, 158 tracers were trained and equipped with this software in Guinea alone, and with registered information for over 2,000 Ebola contacts and counting, plans for upscaling to other affected countries are ongoing.

64. Confirmed and probable Ebola cases suggest that the number of males and females affected is about equal, but that the disease is taking a greater toll on older adults. WHO reports that people aged 45 and over are almost four times more likely to be affected than children aged 14 and under, and that adults between the ages of 15 to 44 are three times more likely to be affected than children. Yet in the three affected countries, Guinea, Liberia, and Sierra Leone, more than 800,000 women are expected to give birth in the next 12 months, placing them at grave risk of unassisted childbirth given the current burden of Ebola cases in health facilities. As many as 120,000 of these women are estimated to be at risk of maternal

³⁰ UNICEF and WHO, 2014, "Countdown to 2015: Maternal, Newborn and Child Survival".

³¹ The World Bank, *The economic impact of the 2014 Ebola epidemic: short and medium term estimates for West Africa*. Washington, D.C.; 2014.

complications, with a risk of severe morbidity and potential mortality, if life-saving emergency obstetric care is not provided. In addition, more than one million women who were using modern contraception may no longer receive services because of the disruption to the health system.

65. UNFPA has worked closely with Governments and other partners to provide personal protection equipment, disinfectant materials and reproductive health supplies and equipment, helping health workers provide safe, compassionate care to pregnant women. To help ensure demand for sexual and reproductive health services is being met, UNFPA is also supporting mobile clinics and tent-based outreach to pregnant women, recruiting hundreds of midwives to provide maternal health and contraception and scaling up support for commodities and community-based distribution of contraception.

VII. Conclusion

66. The transformational post-2015 development agenda envisaged by Member States requires a comprehensive approach to issues such as peace and security, poverty and weak health and other public systems, together with increasing population mobility and unplanned, under-serviced urbanization.

67. Hallmarks of the world in 2015 are both historic disparities and the interconnectedness of the human experience. The costs of unequal development that benefit some while leaving so many behind can be seen around the world. All countries, whether poor or wealthy, are aspiring to a common set of broad and ambitious development goals, but from very different starting points. Differences in wealth, age structure, gender equality, empowerment, security, mobility and health require shared understanding if we are to operationalize the sustainable development goals at national and local levels. This is why a data revolution will be essential to characterizing our distinctions and rates of progress, locating and measuring injustice and exclusion, and enabling redress.

68. Yet while there are many distinctions between countries, the common path to sustainable development is embodied in the shared realization of dignity and human rights for all people — on this there can be no distinction. This was a core message of the International Conference on Population and Development in 1994, echoed in the framework of actions (2014), affirming that cohesive and vibrant societies result from assured and equal opportunities for all persons to pursue their chosen future through education, decent work and a chance to participate in the governance of society. Operationalizing this message through the sustainable development goals requires sustained and deepened investments to ensure the dignity and human rights, good health, including sexual and reproductive health and reproductive rights, of all persons, living in confidence of a sustainable future. Such investments, together with effective participation, partnership and data systems, will provide a powerful, people-centred foundation for sustainable development.

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**Actions for the further implementation of the Programme
of Action of the International Conference on Population
and Development****Flow of financial resources for assisting in the
implementation of the Programme of Action of the
International Conference on Population and Development****Report of the Secretary-General***Summary*

The present report responds to a request made by the Commission on Population and Development at its twenty-eighth session, for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. The report also complies with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

The report examines levels of donor and domestic expenditures for population activities in developing countries for 2013 and provides estimates for expenditures in 2014 and projections for 2015. Donor assistance stood at \$11.7 billion in 2013 and is projected to increase to \$12.3 billion in 2014 and to \$12.9 billion in 2015.

A rough estimate of resources mobilized by developing countries as a group yielded a figure of \$52.1 billion for 2013. The 2013 figure is expected to increase to \$56.2 billion in 2014 and to \$59.5 billion in 2015.

While some donors have increased funding levels, others have not, owing to fiscal constraints. Developing countries are currently funding more than three fourths of population-related expenditures, and private consumers in many of those countries

* E/CN.9/2015/1.



are spending more than half of domestic resources through out-of-pocket expenditures. Those circumstances have important implications with regard to access, reaching the most marginalized and slow progress in achieving targets.

Funding levels are below the amounts necessary to fully implement the Programme of Action. That is true for all four components of the population package costed under the International Conference on Population and Development: family planning; reproductive health; sexually transmitted diseases and HIV/AIDS prevention; and basic research, data and population and development policy analysis.

As the international community charts a course for the post-2015 era and crafts a new sustainable development framework, people-centred development must remain at the core of the framework. Population dynamics and reproductive health are central to sustainable development and must be an integral part of development planning and poverty reduction strategies. The success of the post-2015 development agenda will require increased efforts to mobilize the financial resources necessary to address the unfinished work of the International Conference on Population and Development.

I. Introduction

1. The present report was prepared by the United Nations Population Fund (UNFPA) in response to a request by the Commission on Population and Development at its twenty-eighth session (see E/1995/27), for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development held in Cairo in 1994. The report is part of the programme of work of the Commission and is submitted in accordance with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

2. The report reviews the flow of funds from donor countries for population assistance in developing countries¹ and provides estimates of governmental and non-governmental expenditures for population activities in developing countries for 2013. It also includes donor and developing country estimates for 2014 and projections for 2015. Data collection activities for both donor and domestic resource flows were undertaken by the Netherlands Interdisciplinary Demographic Institute under a contract with UNFPA. In order to build regional capacity to monitor resource flows, UNFPA and the Demographic Institute also worked with the Indian Institute of Health Management Research and the African Population and Health Research Center in the collection of data on domestic expenditures. Evaluation and analysis of data were carried out jointly by UNFPA and the Demographic Institute.

Methodology

3. A detailed questionnaire was mailed to 122 key actors in the field of population and AIDS research, including major multilateral organizations and agencies, large private foundations and other non-governmental organizations (NGOs) that provide substantial amounts of population assistance, and the donor countries of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD). In order to decrease respondent fatigue, coordinate monitoring of resource flows and ensure consistency in reporting, as much information from donor countries as possible has been obtained from the database of the Development Assistance Committee. In the absence of complete data from major donors by the publication deadline, information contained in the report is also based on estimates, taking into account past funding behaviour.

4. Information on domestic resource flows is based on data supplied by Governments and non-governmental organizations in developing countries throughout the world, secondary sources, and estimations and projections.

5. The external and domestic financial resource flows for population activities analysed in the report are based on the "costed population package", as specified in paragraph 13.14 of the Programme of Action. The package comprises family-planning services; basic reproductive health services; sexually transmitted diseases

¹ All references to developing countries in the report also include countries with economies in transition.

and HIV/AIDS prevention activities;² and basic research, data and population and development policy analysis.

II. International assistance to population activities

6. Donor assistance to population activities has continued to increase, although at a slower rate than in the past. In 2012, donor assistance stood at \$11.4 billion, and the provisional figure for 2013 was \$11.7 billion (see table 1). Current estimates suggest that funding levels had increased to \$12.3 billion in 2014, and a further increase to \$12.9 billion is expected for 2015. It is possible that donors who continue to be affected by slow global economic growth will not be able to increase funding levels. Consequently, the final figures for 2014 and 2015 could be below the estimates and projections set out in table 1.

Table 1
International population assistance, by major donor category, 2012-2015
(Millions of United States dollars)

<i>Donor category</i>	<i>2012</i>	<i>2013 (Provisional)</i>	<i>2014 (Estimated)</i>	<i>2015 (Projected)</i>
Bilateral assistance				
Developed countries	10 257	10 725	11 146	11 682
Multilateral assistance				
United Nations system	84	84	88	88
Grants from development banks	82	65	85	85
Loans from development banks	336	367	367 ^a	367 ^a
Private assistance				
Foundations/non-governmental organizations	613	493	640	640
Subtotal without bank loans	11 035	11 367	11 959	12 495
Total	11 371	11 734	12 326	12 862

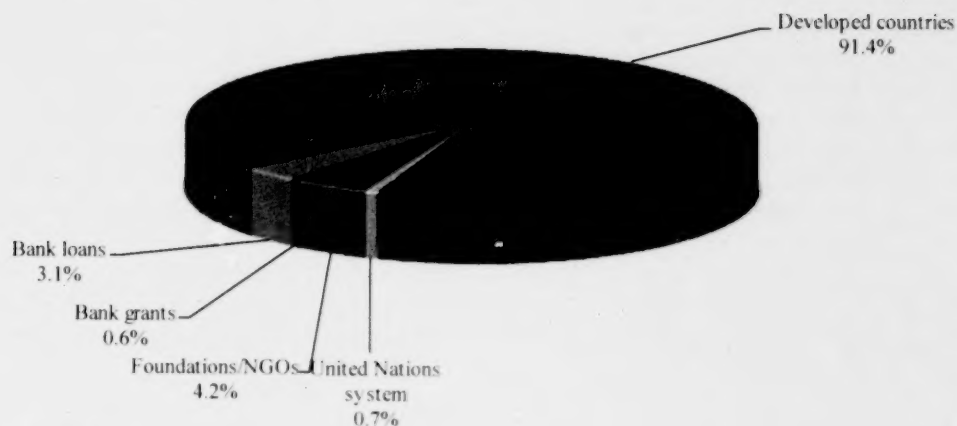
Source: UNEPA, 2014, *Financial Resource Flows for Population Activities in 2012* and Resource Flows Project database.

Note: Totals may not add up due to rounding.

^a The 2014-2015 figures for loans from development banks are estimated at the 2013 level.

² Since 2008, in order to ensure the consistency of estimates across the United Nations system, all data on HIV/AIDS expenditures have been obtained directly from the Joint United Nations Programme on HIV/AIDS (UNAIDS) using the broader definition of AIDS.

Figure I
Population assistance by source: 2013



Total: \$11.7 billion

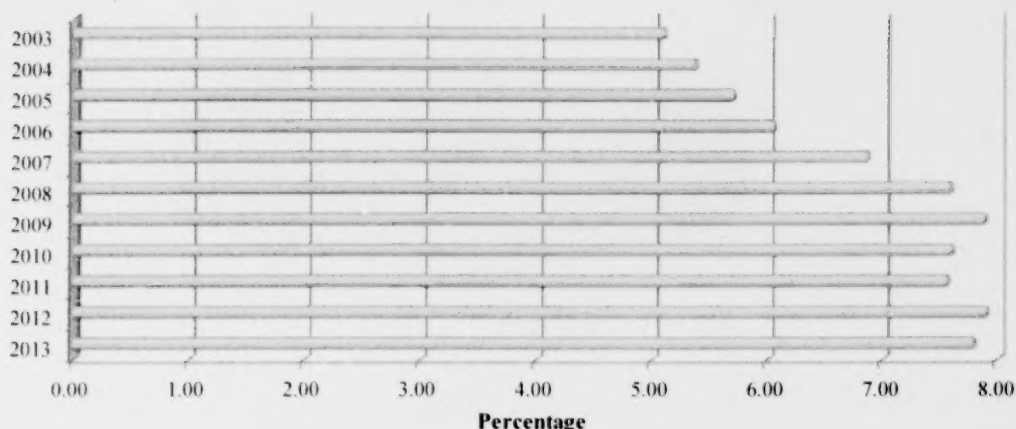
Source: Resource Flows Project database (figures are provisional).

A. Bilateral assistance to population activities

7. Donor countries traditionally provide, by a wide margin, the largest share of population assistance (see figure I). The provisional figure for bilateral assistance in 2013 was \$10.7 billion in 2013, an increase from \$10.3 billion in 2012. It was at its highest level in 2013. Assuming a continuing upward trend, the estimate for 2014 is more than \$11 billion.

8. According to the latest OECD figures, official development assistance (ODA) stood at \$134.8 billion in 2013. The percentage of total ODA that donor countries as a group contributed to population assistance was 7.8 per cent in 2013 down from 7.9 per cent in 2012 (see figure II). There are significant variations, from 0.07 per cent to 19.53 per cent, between countries in the percentage of ODA spent on population activities.

Figure II

Population assistance of donor countries as a percentage of ODA, 2003-2013

Source: UNFPA, 2014, *Financial Resource Flows for Population Activities in 2012*, and Resource Flows Project database.

Note: Data for 2013 are provisional.

B. Multilateral assistance to population activities

9. Multilateral assistance to population activities consists of contributions provided by the organizations and agencies of the United Nations system and grants and loans provided by development banks.

United Nations system

10. Multilateral assistance originating from within the United Nations system mainly consists of funds from the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA and the World Health Organization (WHO). Whatever funding the agencies of the United Nations system receive for population assistance from donor countries to the Development Assistance Committee is considered bilateral assistance. The general funds of agencies of the United Nations system that are not earmarked for population activities, interest earned on funds and money from income-generating activities that are spent on population activities are considered multilateral assistance for population. Funds received from developing countries that agencies spend on population activities are a small portion of the budget of an agency and are also included as multilateral assistance. According to provisional figures, multilateral assistance from within the United Nations system stood at \$84 million in 2013.

Bank grants

11. In 2013, the World Bank, the only development bank reporting expenditures for special grants programmes, provided \$65 million for population activities, down from \$82 million in 2012.

Bank loans

12. Development banks, which provide loans to developing countries, are an important source of multilateral population assistance. Their contributions are treated separately from grants because such assistance is in the form of loans that must be repaid. Projects funded by bank loans reflect multi-year commitments, which are recorded in the year in which they are approved but are in fact disbursed over several years. Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention and fertility and health survey and census work. In 2013, the World Bank provided \$367 million in loans for population activities.

C. Private assistance to population activities

13. Foundations, NGOs and other private organizations are also important sources of population assistance. In 2013, it was estimated that foundations and NGOs contributed \$493 million to population activities, down from \$613 million in 2012. Funding in 2014 and 2015 will depend in part on the economic situation of foundations and NGOs.

III. Expenditures for population activities

14. Figures for international population assistance reflect financial resources contributed by donors in a given year, while figures for expenditures reflect funds that have been received by developing countries in a given year. International assistance may be provided by a donor either directly to the developing country or to an intermediate donor, such as a multilateral organization or international NGO. Recipients may be Governments of developing countries, national NGOs or the field offices operated by donors in developing countries. International population assistance for a given year does not automatically equal the expenditures in that year, since funds are not always spent in the same year in which they are received. That is particularly the case when funds are channelled through an intermediate donor. Thus, for example, funds provided by a donor to a recipient developing country in year A are included in international population assistance in year A and expenditures in year A. Funds provided by a donor to an intermediate donor in year A but spent by that intermediate donor in a recipient developing country in year B would be included under population assistance in year A and under expenditures in year B. Development bank loans are not included in expenditure figures because they reflect large blocks of loan agreements made in a single year but intended to be spent over several years.

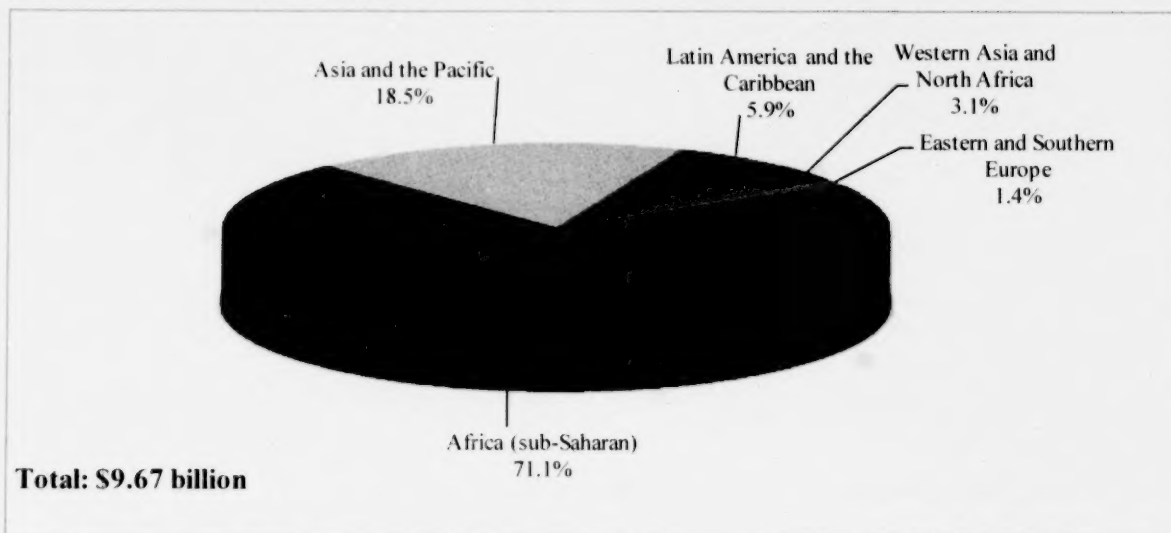
A. Expenditures for population activities by geographic region

15. Sub-Saharan Africa, which includes the majority of the least developed countries, continues to be the largest recipient of assistance, receiving 71 per cent of all assistance going to the five geographic regions (see figure III). About 25 per cent of all population assistance goes to fund global and interregional population

activities, including such activities as advocacy; research; reproductive health; HIV/AIDS prevention, care and support; and safe motherhood.

Figure III

Population assistance by geographic region, 2013



Source: Resource Flows Project database (figures are provisional).

B. Expenditures for population activities by category of activity

16. UNFPA monitors expenditures for population activities by the following four population categories costed under the International Conference on Population and Development: (a) family-planning services; (b) basic reproductive health services; (c) sexually transmitted diseases and HIV/AIDS prevention activities; and (d) basic research, data and population and development policy analysis.

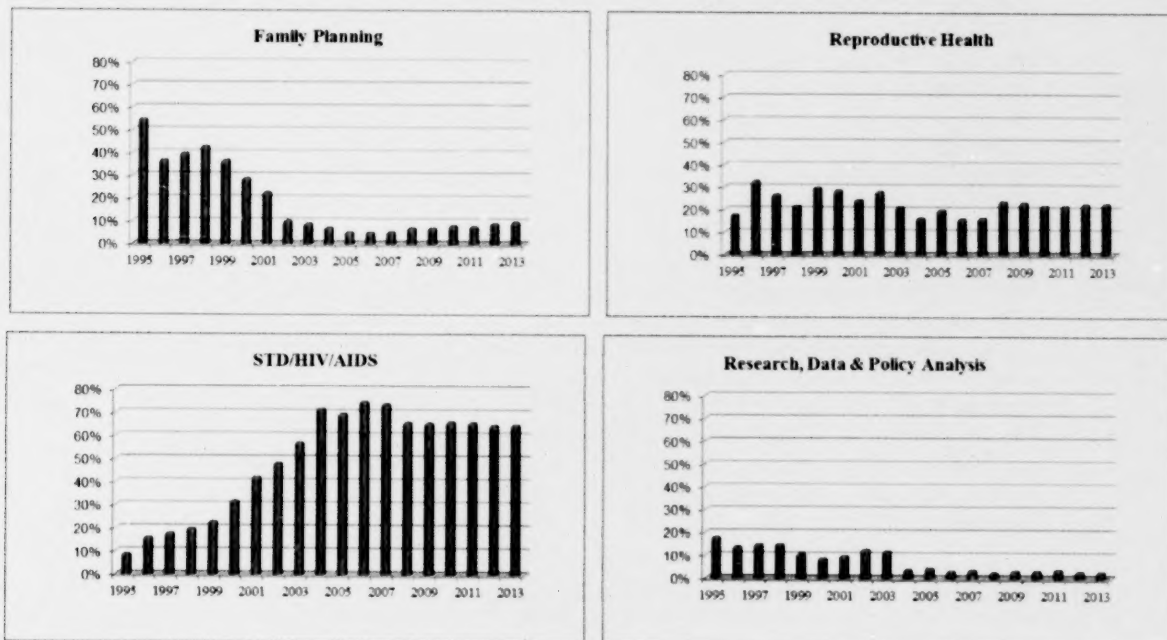
17. The growing trend towards the integration of services and the use of sector-wide approaches in development assistance is making it increasingly difficult for countries to readily distinguish between expenditures for population and other health-related activities and, within population activities, between family planning, reproductive health and sexually transmitted diseases and HIV/AIDS prevention activities. However, while precise figures may not always be available, it is still possible to estimate the amount of resources that are spent on each of the four categories of the costed population package. Monitoring expenditures for the separate categories is an important component of budgeting, policymaking and programme planning.

18. Figure IV provides expenditures for population activities as a percentage of total population assistance for the four components of the costed population package from 1995 to 2013. Funding for family planning services has been increasing steadily, reaching \$1.2 billion in 2013, or 10 per cent of total population assistance. Funding for reproductive health has also been increasing over the years, reaching

almost \$3 billion in 2013, or 23 per cent of total population assistance. Funding for HIV/AIDS-related activities, which decreased for the first time in 2009, has begun increasing again, reaching almost \$8.4 billion in 2013. Such activities received the most population assistance by a large margin, at 65 per cent. Whereas it is important to ensure substantial resources to stop the spread of HIV/AIDS, it is also critically important to mobilize adequate for family planning and reproductive health, which are essential for achieving Goal 5 of the Millennium Development Goals, on improving maternal health, progress on which has been slower than that on the other Goals. Funding for basic research, data and population and development policy analysis stood at \$360 million, or just under 3 per cent of total population assistance in 2013.

Figure IV

Expenditures for population activities as a percentage of total population assistance, 1995-2013



Source: UNFPA, 2014, *Financial Resource Flows for Population Activities in 2012* and Resource Flows Project database.

C. Expenditures for population activities by channel of distribution

19. Assistance for population activities flows through a diverse network, moving from the donor to the recipient developing country through one of the following channels: (a) bilateral, directly from the donor to the recipient developing country Government; (b) multilateral, through organizations and bodies of the United Nations system; and (c) non-governmental. The NGO channel is the predominant channel for funding. In 2013, it was estimated that about 40 per cent of population assistance was channelled through NGOs, compared with 29 per cent that was received through bilateral channels and 31 per cent that came from multilateral

sources. The predominant use of NGO channels for funding is expected to continue in 2014 and 2015.

IV. Domestic expenditures for population activities

A. Methodology

20. The Programme of Action of the International Conference on Population and Development pointed out that the domestic resources of developing countries provide the largest portion of funds for attaining population and development objectives. The Programme of Action estimated that two thirds of the funding required to finance population programmes would come from domestic resources. The mobilization of adequate domestic financial resources is therefore essential to facilitate the full implementation of the agenda adopted in Cairo in 1994. UNFPA has been monitoring domestic expenditures for population activities since 1997. That has been done primarily through the use of survey questionnaires sent to UNFPA country offices throughout the world for further distribution to Government ministries and large national NGOs. Although most Governments make every effort to provide the requested information, many are often unable to supply data because of funding, staffing and time constraints. In addition, countries that do not have well-developed systems for monitoring resource flows are unable to provide information, especially when funding is pooled in integrated social and health projects and sector-wide approaches. Furthermore, most countries with decentralized Governments do not have accounting systems that can easily provide information on expenditures at subnational level. Total global domestic expenditures for population activities presented herein are estimated using a methodology that incorporates the responses of the surveyed countries, together with prior reporting on actual and intended expenditures and secondary sources on national spending. In the absence of such information, estimates and projections have been based on national income as measured by the level of gross domestic product, which has proved the most influential variable in explaining the growth of spending by Governments.³

B. Estimates and projections of domestic expenditures

21. The latest estimates and projections of global domestic expenditures for population activities for the period 2013-2015 are presented in table 2. Those expenditures, which include funds spent by Governments, NGOs and consumers, were estimated at \$52.1 billion in 2013. The largest amount was mobilized in Asia (\$39.5 billion), followed by sub-Saharan Africa (\$7.0 billion), Latin America and the Caribbean (\$3.3 billion), Eastern and Southern Europe (\$1.5 billion) and Western Asia and North Africa (\$835 million).

22. The figures are projected to increase further, to \$56.2 billion in 2014 and \$59.5 billion in 2015. Asia is expected to have mobilized the largest amount of financial resources in both 2014 and to continue to do so in 2015. Sub-Saharan

³ See Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2013-2015* (The Resource Flows Project, United Nations Population Fund and the Netherlands Interdisciplinary Demographic Institute, The Hague, 2014).

Africa is expected to mobilize the second largest amount of funds, followed by Latin America and the Caribbean, Eastern and Southern Europe and Western Asia and North Africa.

23. It is estimated that 27 per cent of all domestic expenditures for population were spent on sexually transmitted diseases and HIV/AIDS prevention activities in 2013. The percentage varied considerably by region: 89 per cent in Eastern and Southern Europe, 88 per cent in sub-Saharan Africa, 84 per cent in Latin America and the Caribbean, 21 per cent in Western Asia and North Africa and 9 per cent in Asia and the Pacific.

24. Because they are often incomplete and not entirely comparable, data on domestic resource flows are rough estimates. The figures are also very much dependent on activities in a given year, so that large one-time or temporary projects may skew annual totals. Such information is useful, however, in that it provides some idea of the progress being made by developing countries in achieving the financial resource targets of the Programme of Action. Whereas the figures show a real commitment on the part of developing countries, they conceal the great variation that exists among countries in their ability to mobilize resources for population activities. Most domestic resource flows originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, which are not able to generate sufficient resources to finance their own population programmes, rely heavily on donor assistance.

Table 2

Projection of global domestic expenditures for population activities: 2013-2015

(Thousands of United States dollars)

Year	Source of funds			Percentage spent on sexually transmitted diseases and HIV/AIDS	
	Government	NGOs	Consumers ^a	Total	
2013					
Africa (sub-Saharan)	3 284 556	128 379	3 588 230	7 001 165	88
Asia and the Pacific	13 216 806	168 493	26 089 974	39 475 273	9
Latin America and the Caribbean	2 124 115	85 173	1 111 047	3 320 335	84
Western Asia and North Africa	478 206	63 838	292 662	834 707	21
Eastern and Southern Europe	957 698	16 649	512 368	1 486 716	89
Total	20 061 381	462 531	31 594 283	52 118 195	27
2014					
Africa (sub-Saharan)	3 284 208	131 779	3 587 718	7 003 706	88
Asia and the Pacific	14 627 320	171 473	28 874 329	43 673 121	9
Latin America and the Caribbean	2 046 612	84 773	1 070 611	3 201 996	84
Western Asia and North Africa	497 338	65 360	304 371	867 068	21
Eastern and Southern Europe	907 574	15 528	485 552	1 408 654	90
Total	21 363 051	468 913	34 322 581	56 154 545	25

Year	Source of funds			Percentage spent on sexually transmitted diseases and HIV/AIDS	
	Government	NGOs	Consumers ^a	Total	
2015					
Africa (sub-Saharan)	3 290 991	136 400	3 594 796	7 022 187	87
Asia and the Pacific	15 718 433	176 789	31 028 186	46 923 408	8
Latin America and the Caribbean	2 059 915	86 535	1 080 673	3 227 123	83
Western Asia and North Africa	521 793	67 236	319 337	908 366	21
Eastern and Southern Europe	912 911	15 889	488 408	1 417 209	89
Total	22 504 042	482 851	36 511 400	59 498 293	24

Source: Resource Flows Project database; see also Erik Beekink, *Projections of Funds for Population and AIDS Activities, 2013-2015* (The Resource Flows Project, United Nations Population Fund and the Netherlands Interdisciplinary Demographic Institute, The Hague, 2014).

^a Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region as measured by the World Health Organization for health-care spending in general. For each region, the ratio of private out-of-pocket versus per capita government expenditures was used to derive consumer expenditures in the case of population activities.

C. Components of domestic funding for population activities

25. Domestic funding for population activities comes primarily from Governments, national NGOs and private consumers. Governments are considered to be responsible for most domestic expenditures for population activities. However, since the level of government funding usually depends on the level of national income, Governments in least developed countries, faced with many competing development priorities, often cannot afford to make the necessary investments in population. They rely heavily on external funding from donors. National NGOs also contribute financial resources for population, but the majority of them are also highly dependent on international resources. Their main role lies in advocacy work and in reaching people at the grass-roots level.

26. Consumer spending as measured by out-of-pocket expenditures represents the largest part of domestic resources spent on population activities. Private consumer expenditures account for a large percentage of total funding for health care. Although exact amounts of worldwide health-care spending for population activities are not known, it stands to reason that a significant proportion of expenditures for family planning, reproductive health and sexually transmitted diseases and HIV/AIDS services are borne by consumers. The few available sources of information on private spending reveal great variations between regions and countries and, in some cases, changes over time in the share of private spending within countries themselves. In estimating consumer spending, the Resource Flows Project of UNFPA and the Netherlands Interdisciplinary Demographic Institute used out-of-pocket health expenditures of households from the national health accounts figures as collected by WHO. The out-of-pocket health expenditures were assumed to be the same as out-of-pocket expenditures for population goods and services.

V. Funding requirements to achieve the objectives of the International Conference on Population and Development

27. In order to ensure adequate funding for the implementation of the Programme of Action, UNFPA reviewed the original estimates for the four categories of the costed population package and produced revised estimates to meet current needs and costs. The revised estimates, which were presented to the forty-second session of the Commission on Population and Development in 2009, are much higher than the original targets agreed upon at the Conference in 1994, because they take into account both current needs and current costs and include interventions such as AIDS treatment and care and reproductive cancer screening and treatment, which were not part of the original costed population package.

28. Table 3 provides levels of funding required to achieve the objectives of the International Conference on Population and Development. In order to fully fund the necessary sexual and reproductive health services, including for family planning and HIV/AIDS services, as well as censuses, surveys, civil registration and population research and training, the international community would have needed to mobilize almost \$69 billion in 2013. The costs are minimum estimates required to implement the goals set at the Conference in those areas. There will always be unspecified costs that fall outside the scope of the cost estimates, as well as adjustments for demand generation, stock maintenance, and other expenses.

Table 3
Updated cost estimates for the implementation of the Programme of Action, by subregion: 2009-2015
(Millions of United States dollars)

	2009	2010	2011	2012	2013	2014	2015
Global	48 980	64 724	67 762	68 196	68 629	69 593	69 810
Sexual/reproductive health/family planning	23 454	27 437	30 712	32 006	32 714	33 284	33 030
Family planning, direct costs	2 342	2 615	2 906	3 209	3 529	3 866	4 097
Maternal health, direct costs	6 114	7 868	9 488	11 376	13 462	15 746	18 002
Programmes and systems related costs	14 999	16 954	18 319	17 422	15 723	13 672	10 931
HIV/AIDS	23 975	32 450	33 107	33 951	34 734	35 444	36 189
Basic research/data/policy analysis	1 551	4 837	3 943	2 239	1 181	864	591
Sub-Saharan Africa	20 063	27 075	29 473	29 869	30 292	30 022	28 980
Sexual/reproductive health/family planning	8 482	10 612	12 596	12 675	12 764	12 184	10 731
Family planning, direct costs	329	414	506	606	713	827	931
Maternal health, direct costs	1 429	1 833	2 280	2 771	3 306	3 883	4 411
Programmes and systems related costs	6 725	8 366	9 809	9 298	8 746	7 473	5 389
HIV/AIDS	11 228	15 891	16 227	16 746	17 243	17 638	18 110
Basic research/data/policy analysis	353	571	651	449	285	200	139
Asia and the Pacific	17 549	23 281	23 923	23 788	23 862	24 415	25 245
Sexual/reproductive health/family planning	9 055	10 278	11 027	11 753	12 124	12 820	13 533
Family planning, direct costs	1 434	1 552	1 675	1 803	1 937	2 077	2 156
Maternal health, direct costs	2 799	3 664	4 299	5 110	6 018	7 024	8 054

	2009	2010	2011	2012	2013	2014	2015
Programmes and systems related costs	4 822	5 062	5 053	4 840	4 169	3 719	3 323
HIV/AIDS	7 853	10 687	10 848	11 048	11 207	11 409	11 525
Basic research/data/policy analysis	641	2 316	2 048	987	530	186	187
Latin America and Caribbean	6 366	7 591	7 439	7 775	7 699	7 966	8 320
Sexual/reproductive health/family planning	3 132	3 401	3 627	3 837	3 922	4 119	4 347
Family planning, direct costs	310	343	378	414	452	492	518
Maternal health, direct costs	958	1 182	1 431	1 706	2 009	2 340	2 680
Programmes and systems related costs	1 864	1 876	1 818	1 717	1 461	1 286	1 150
HIV/AIDS	3 072	3 461	3 562	3 630	3 703	3 770	3 867
Basic research/data/policy analysis	162	729	250	309	74	78	106
Western Asia and North Africa	2 795	3 685	3 418	3 538	3 501	3 865	3 721
Sexual/reproductive health/family planning	1 852	2 009	2 130	2 232	2 258	2 339	2 415
Family planning, direct costs	178	204	231	261	292	325	346
Maternal health, direct costs	603	735	873	1 019	1 171	1 328	1 471
Programmes and systems related costs	1 071	1 070	1 025	953	796	686	598
HIV/AIDS	798	1 095	1 112	1 131	1 146	1 163	1 183
Basic research/data/policy analysis	145	582	177	174	97	363	123
Eastern and Southern Europe	2 204	3 091	3 508	3 226	3 275	3 326	3 542
Sexual/reproductive health/family planning	933	1 137	1 334	1 510	1 645	1 824	2 004
Family planning, direct costs	91	103	116	125	135	145	146
Maternal health, direct costs	324	454	605	771	960	1 171	1 386
Programmes and systems related costs	517	579	613	614	551	508	471
HIV/AIDS	1 023	1 316	1 358	1 397	1 435	1 465	1 503
Basic research/data/policy analysis	248	638	816	320	195	38	35

Source: UNFPA, 2009, *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*.

Note: UNAIDS has since updated its cost estimates for HIV/AIDS expenditures to depict a scenario that reaches coverage later than the original figures presented here. For 2009, the global figure for HIV/AIDS was \$20 billion. That will increase incrementally until it reaches \$37 billion in 2015, slightly higher than the original estimate.

29. The costing estimates for family planning assume that the current unmet need will be satisfied in 2015, although there is likely to be greater demand for family planning as people become more aware of the options. The costing estimates for reproductive health include antenatal care, delivery care, obstetric complications care, newborn interventions, reproductive organ cancer screening and treatment and other maternal care interventions. Sexually transmitted diseases and HIV/AIDS costing includes prevention, treatment, care and support, including specific elements to address issues of prevention of violence against women.

30. The cost estimates for the drugs, the supplies and the personnel needed to achieve the goals of the International Conference on Population and Development increase significantly over time owing to the increased number of people projected

to be receiving care as service coverage is scaled up and to underlying population increases.

31. Health systems and programme costs related to family planning and reproductive health were estimated to reflect the need for a significant investment in the health systems and planning in order to achieve the goals of universal coverage set out at the International Conference on Population and Development. Without adequate investment in health systems and programmes, it will be impossible to achieve the coverage goals. Elements included in the cost estimation included programme management, supervision, health education, monitoring and evaluation, advocacy, health system infrastructure, information systems, human resources training and commodity supply systems. The cost estimates for health systems and programmes peaked in 2011 and then began to decline. Cost estimates also included support during humanitarian crisis situations, which pose an ongoing challenge to medical systems in many countries.

32. It is estimated that total costs for sexual/reproductive health, which includes the family-planning and maternal health components (including direct costs and programme and systems costs), will have been \$27.4 billion for 2010, that costs will have peaked at \$33.3 billion in 2014 and will decrease slightly to \$33 billion in 2015. Total costs for the HIV/AIDS component have been estimated at \$32.5 billion in 2010, increasing each year thereafter, until they reach \$36.2 billion in 2015.

33. The estimates for the basic data, research and population and development policy analysis component were obtained by summing four expenditure categories: censuses, surveys, civil registration, and research and training. Census expenditures were based on per capita census costs by subregion, which varied from \$1.50 in Eastern, Middle and Northern Africa to \$11.70 in Southern Europe. The total was then allocated to a four-year period: 10 per cent in the year before the census; 60 per cent in the census year; and 15 per cent in each of the two years after the census. Survey costs were estimated at \$1.25 or \$1.50 per household, depending on the subregion, while the household sample sizes were estimated at 1 per cent, 0.5 per cent, or 0.25 per cent, depending on whether the country had less than 1 million, from 1 to 25 million or more than 25 million inhabitants. Furthermore, it was assumed that all developing countries should have a survey of that kind once every four years.

34. For civil registration costs, it was assumed that the cost of processing each event (births, deaths, marriages and divorces) and entering such information into the statistical system is one third of the per capita census costs for each subregion. The expenditures for research and training were computed as 5 per cent of the total average annual costs of the previous three categories during the period from 2005 to 2015. The updated cost estimates for the data and research component are considerably higher than the original estimates agreed upon in Cairo in 1994, primarily because they reflect the real costs of census-taking to a much larger degree than previously. That was especially true in 2010, when total expenditures were estimated to have reached \$4.84 billion, of which \$4.41 billion was spent on census expenditures. On the whole, census expenditures make up about three quarters (75.8 per cent) of the total: surveys 6.9 per cent, and civil registration 12.5 per cent. The average annual expenditure over the 7-year period is estimated to be \$2.17 billion.

VI. Twenty-year review of the International Conference on Population and Development

35. The 20-year review of the International Conference on Population and Development reaffirmed the consensus, reached in Cairo in 1994, that increasing social, economic and political equality and access to sexual and reproductive health and rights is the basis for promoting individual well-being, lower population growth and sustainable development.

36. The report of the Secretary-General, entitled "Framework of actions for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014" (A/69/62), showed that significant achievements have been made during the period from 1994 to 2014. Data from 176 countries, expert meetings and academic research and a series of regional and thematic consultations showed that progress had been made in many areas: the number of people living in extreme poverty declined by millions; maternal mortality worldwide declined; more children, especially girls, were going to school; and more women had access to education and employment.

37. Although considerable progress has been made, it has been uneven. The reality is that not everyone has benefited from development and persistent inequalities and discrimination remain. In many countries, only the wealthier segments of the population have benefited from development, with the poorest communities seeing little progress. Maternal mortality continues to remain unacceptably high in many parts of the world. Women continue to experience physical and/or sexual abuse. Girls continue marry before the age of 18, effectively closing the door to education and other opportunities.

38. The Programme of Action is as relevant today as it was in 1994, but there is still much work to be done. The international community must renew its commitment to the promises made in Cairo in 1994. Additional investments are needed to ensure that the benefits of development reach all segments of the population, especially the poorest and most vulnerable, who are often left behind.

VII. Conclusion

The way forward

39. Financial resources for population activities in developing countries stood at approximately \$63.8 billion in 2013. Donors contributed \$11.7 billion, and developing countries mobilized \$52.1 billion.

40. As the international community charts a course for the post-2015 era and crafts a new sustainable development framework, people-centred development must remain at the core of the framework. Population dynamics, including the number, age, movement and location of populations, affect economic development, employment, income distribution, poverty, social protection and pensions. Population dynamics also affect efforts to ensure universal access to health, education, housing, sanitation, water, food and energy. Population dynamics influence the sustainability of cities and rural areas, environmental conditions and climate change. Those linkages are influenced by the ability of women and young

people to make free and informed decisions about reproduction, marriage and migration and the participation of women and young people in the social, economic and political life of their communities.

41. Population dynamics and reproductive health are central to sustainable development and must be an integral part of development planning and poverty reduction strategies. Addressing the unfinished work of the International Conference on Population and Development in the areas of population and reproductive health will contribute to the success of the post-2015 development agenda embodied in the sustainable development goals, including the eradication of poverty and hunger, the achievement of gender equality and the empowerment of women and girls.

42. In the period beyond 2015, transforming the world to better meet the needs of people everywhere will require increased efforts to mobilizing the financial resources necessary to meet increasing needs, including in the areas costed in the population package of the Programme of Action, such as family-planning, reproductive health, sexually transmitted diseases and HIV/AIDS and basic research and data. It is essential that all donors and developing countries, not just those that currently spend more on population, mobilize adequate resources to achieve the goals set out in the Programme of Action.

43. Donor countries, international agencies and developing countries must continue to strengthen their efforts and collaboration to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible. Coordinating donor financing policies and planning procedures will help to enhance the impact and cost-effectiveness of contributions to population programmes. It is essential to ensure that the needs of all segments of the population, especially the poor, are met.

44. The challenge before the international community is to renew political commitment to the principles of equality, rights and dignity, which provided a foundation for the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development and currently guide the global sustainable development agenda, and to mobilize the financial resources required to continue to implement the unfinished agenda of the Programme of Action in the period beyond 2015.

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**Programme implementation and future programme of work of
the Secretariat in the field of population**

**Programme implementation and progress of work in the
field of population in 2014: Population Division,
Department of Economic and Social Affairs**

Report of the Secretary-General

Summary

The present report reviews the progress made by the Population Division of the Department of Economic and Social Affairs of the Secretariat in implementing its programme of work in the field of population in 2014. It covers the activities of the Division on the analysis of fertility, population policies and international migration; the preparation of world population estimates and projections; the analysis of mortality; the interrelations between population and development; and the monitoring and dissemination of population information. The report also covers other major activities carried out by the Population Division, including the substantive servicing of intergovernmental bodies, the preparation of parliamentary documentation and technical publications, the organization of expert meetings and the dissemination of results, mainly through the Internet.

The objective of the subprogramme on population is to strengthen the international community's capacity to effectively address current and emerging population issues and to integrate the population dimensions into the international development agenda. The Commission on Population and Development provides the subprogramme with intergovernmental guidance.

The Commission may wish to take note of the report.

* E/CN.9/2015/1.



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I. Introduction

1. The Population Division of the Department of Economic and Social Affairs of the Secretariat is responsible for the implementation of the subprogramme on population. The subprogramme takes account of the recommendations of the 1994 International Conference on Population and Development, the outcome of the twenty-first special session of the General Assembly (resolution S-21/2, annex) on key actions for the further implementation of the Programme of Action of the International Conference on Population and Development¹ and the decision of the General Assembly to extend the Programme of Action and the key actions for its further implementation beyond 2014 and ensure its follow-up in order to fully meet its goals and objectives (resolution 65/234). The outcomes of other relevant international conferences and summits, including the United Nations Millennium Declaration (resolution 55/2), the 2005 World Summit Outcome (resolution 60/1) and the outcome document of the United Nations Conference on Sustainable Development, entitled "The future we want" (resolution 66/288), are also taken into account. The subprogramme responds to the resolutions and decisions of the Commission on Population and Development, in particular resolution 2004/1 on the work programme in the field of population (E/2004/25, chap. I, sect. B), and to relevant resolutions of the General Assembly and the Economic and Social Council.

2. As described in the biennial programme plan and priorities for the period 2014-2015, the objective of the subprogramme on population is to strengthen the international community's capacity to effectively address current and emerging population issues and to integrate the population dimensions into the international development agenda (see A/67/6 Rev.1, programme 7, subprogramme 5). The Commission on Population and Development provides intergovernmental guidance to the subprogramme.

3. The expected accomplishments for the subprogramme, according to the programme budget for the biennium 2014-2015 (A/68/6 (Sect. 9)), are:

(a) Enhanced awareness of the international community of new and emerging population issues and increased knowledge and understanding of the interactions between population and development, including the gender dimensions of demographic phenomena, especially in regard to fertility, mortality, migration, HIV/AIDS, urbanization, population growth, population ageing and the environment;

(b) Effectively facilitate review by Member States of progress made in the implementation of the Programme of Action of the International Conference on Population and Development and of relevant instruments of the United Nations development agenda, particularly the Millennium Summit and its follow-up;

(c) Improved accessibility and timeliness of population information and data, including sex-disaggregated data for use by Member States, the United Nations system, civil society and academia.

4. The Population Division collaborates closely with the agencies, funds, programmes and bodies of the United Nations system in the implementation of the

¹ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

work programme and in the follow-up to the International Conference on Population and Development. United Nations missions, national government offices, United Nations offices, researchers, media representatives and the public regularly consult the Population Division regarding data, information and analyses on population and development issues.

5. The present report focuses on the research and other activities carried out by the Population Division during 2014, grouped by thematic area, and provides a summary of the activities and outputs of the Division, which include the substantive servicing of intergovernmental bodies, the preparation of parliamentary documentation and technical publications, the organization of expert meetings and the dissemination of results. A list of activities and outputs is presented in the annex.

II. Fertility and family planning

6. The Population Division issued *World Contraceptive Use 2014*, a comprehensive data set on family planning indicators for 194 countries or areas. The data set fills some of the gaps in empirical data on family planning, including on the prevalence of specific methods and on the unmet need for family planning. The data set is available on the website of the Population Division (www.unpopulation.org) and is being used widely by entities focused on improving sexual and reproductive health.

7. The Division produced and published a set of long-term estimates and projections of family planning indicators, for the period 1970 to 2030, by applying a Bayesian hierarchical model.² The new estimates and projections informed assessments in 2014 of progress in international initiatives to improve women's reproductive health, such as "Every woman, every child" and Family Planning 2020, and in several flagship reports on population.³ Extrabudgetary funds were secured in November 2014 from the Bill & Melinda Gates Foundation to accelerate this work to improve the quantity, quality, transparency and accessibility of key family planning indicators and the population data needed for the calculation of those indicators.

8. The Population Division, in collaboration with the United Nations Population Fund (UNFPA), is responsible for reporting on three indicators of universal access to reproductive health that are part of the Millennium Development Goals, namely, contraceptive prevalence (indicator 5.3), the adolescent birth rate (indicator 5.4) and the unmet need for family planning (indicator 5.6). In 2014, the Division produced updated estimates for the Millennium Development Goals database maintained by the Statistics Division of the Department of Economic and Social Affairs. The Population Division also collaborated with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and UNFPA on analysis included in the *Millennium Development Goals Report 2014* and contributed to the Inter-Agency and Expert Group on Millennium Development Goals Indicators.

² See www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml.

³ See www.who.int/woman_child_accountability/ierg/news/ierg_2014_report_launch/en/, www.familyplanning2020.org and www.unfpa.org/webdav/site/global/shared/SWP%202014/Report%20files/EN-SWOP14-Report_FINAL-web.pdf.

9. A concise analysis of fertility was presented in the *World Fertility Report 2013*,⁴ which focuses on fertility at the extremes: countries where fertility levels are relatively high (more than 3.2 children per woman) and countries where levels are relatively low (2.0 children per woman or fewer). In 1990-1995, around the time of the Conference, 105 countries had high fertility, as opposed to just 66 countries in 2005-2010. Several countries, such as Iran (Islamic Republic of), the United Arab Emirates and Viet Nam, experienced rapid fertility declines over this period, moving from high fertility to low fertility in the span of a single generation. High-fertility countries are increasingly concentrated in sub-Saharan Africa while the low-fertility group has shifted from being predominantly European to also include countries in Asia and Latin America and the Caribbean. The report highlights the different pathways countries have taken that resulted in the levels of fertility at the extremes of today, how key correlates of fertility have changed over time and the policy approaches of countries with fertility at the extremes.

10. The Division published a technical paper⁵ that assessed the relationship between probabilistic projections of total fertility and contraceptive prevalence. The results show that, for the majority of countries, future fertility until 2025 can be benchmarked with a model of contraceptive prevalence rates. Moreover, the projected levels of contraceptive prevalence implied by the total fertility rates from the World Population Prospects 2012 medium variant approximate, within five percentage points, the model-based projections of contraceptive prevalence in the majority of countries and major areas during 2020-2035. The model-based projections can thus serve to inform analyses of the impact of accelerating access to contraception on fertility and population size.

11. In order to inform discussions on the post-2015 development agenda, the Population Division produced a brief on the role that population growth plays in planning for health service expansion and understanding progress that is or is not being made in achieving universal access to reproductive health.⁶ In particular, sub-Saharan Africa, despite the large expansion of health services in the absolute number of people receiving health services, is found to be lagging behind other regions in the proportionate population coverage of key services such as antenatal care, skilled attendance at birth and contraceptive use.

III. Population policies

12. In 2014, the Population Division launched the United Nations Eleventh Inquiry among Governments on Population and Development.⁷ Following the tradition of the previous rounds of the Inquiry since 1963, this survey records government views and policies on key aspects of population and development and provides a unique tool for documenting how such views and policies have changed over time. The Eleventh Inquiry has added questions on several topics of growing importance for population policy, such as urbanization, ageing, family-friendly

⁴ United Nations publication (ST/ESA/SER.A/362).

⁵ Technical Paper No. 2014/1; available from www.un.org/en/development/desa/population/publications/pdf/technical/TP2014-1.pdf.

⁶ Population Facts No. 2014/6; available from www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2014-6.pdf.

⁷ Available from esa.un.org/PopPolicy/Inquiry.aspx.

policies, and international migration. The Eleventh Inquiry was distributed to all Permanent Missions to the United Nations in New York and was made available in print and electronic formats. As at the end of 2014, responses had been received from 58 Governments out of a total of 197 Governments to which the Inquiry was submitted. The Eleventh Inquiry will be completed in 2015, and the results will be incorporated, together with additional research and data from primary and secondary sources, into the next biennial revision of the World Population Policies database,⁸ which will be published in 2015.

13. The Division published a report entitled *Abortion Policies and Reproductive Health around the World*.⁹ The report provides up-to-date information on government policies on abortion and related reproductive health issues for all Member, Observer and non-member States of the United Nations. The report discusses changes between 1996 and 2013 in the legal grounds on which induced abortion is permitted in each country. Seven types of legal grounds for abortion were identified, namely, (a) to save the life of a woman; (b) to preserve a woman's physical health; (c) to preserve a woman's mental health; (d) rape or incest; (e) foetal impairment; (f) economic or social reasons; and (g) upon request. The report included the latest available information on government policies and programmes related to fertility, family planning, access to reproductive health services and maternal mortality.

14. The Division also published a policy brief on this topic¹⁰ using information from the 2013 revision of the World Population Policies Database. The brief summarized changes in the legal grounds under which abortion was permitted for all countries, and how abortion policies were associated with key reproductive health outcomes, including fertility, unsafe abortion and maternal mortality. Among the key findings is that, although a growing number of countries around the world have expanded the legal grounds for abortion, abortion policies continue to be restrictive in many countries. The brief observed that countries with restrictive abortion policies tend to have higher rates of unsafe abortion and maternal mortality.

15. The Division prepared a *Compendium of Recommendations on Population and Development* prior to the twenty-ninth special session of the General Assembly, held on 22 September 2014, on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014. Volume I of the Compendium¹¹ compares recommendations emanating from the Programme of Action with resolutions adopted by the Commission on Population and Development. General Assembly resolutions on population and development since 1994 were also included in this volume of the Compendium. Volume II¹² presents the recommendations emanating from the outcome documents of five regional conferences on population and development convened by the regional commissions, in collaboration with UNFPA, as part of the 20-year review of the Programme of Action.

⁸ Available from http://esa.un.org/PopPolicy/about_database.aspx.

⁹ United Nations publication, Sales No. E.14.XIII.11.

¹⁰ Population Facts No. 2014/1; available from www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2014-1.pdf.

¹¹ United Nations publication, Sales No. E.14.XIII.12.

¹² United Nations publication, Sales No. E.14.XIII.13.

16. The Division published a wallchart entitled *Reproductive Health Policies 2014*,¹³ which provides up-to-date information on 17 indicators of government policies on reproductive health issues, including fertility, family planning, abortion and maternal mortality for countries of the world. The wallchart also includes the latest estimates of adolescent and total fertility, the unmet need for family planning, and the maternal mortality ratio, and provides information on the adoption of concrete governmental measures to increase access to sexual and reproductive health services and to end child and forced marriages.

IV. International migration

17. In response to General Assembly resolution 67/219, the Population Division prepared the report of the Secretary-General on international migration and development (A/69/207). The report was drafted in collaboration with members of the Global Migration Group and with inputs from the Special Representative of the Secretary-General for Migration. As requested in Assembly resolution 68/4, the report includes a summary of the High-level Dialogue on International Migration and Development, held in New York on 3 and 4 October 2013, as well as of its preparatory events. The report also outlines the main initiatives taken by the Population Division and other members of the Global Migration Group to implement the eight-point agenda for action presented by the Secretary-General in his report for the 2013 High-level Dialogue (A/68/190). Further, the report offers some recommendations for the follow-up to the 2013 High-level Dialogue.

18. The Population Division hosted two retreats of the Global Migration Group on targets and indicators related to international migration, migrants and mobility for the post-2015 development agenda. The one-day retreats, convened with the International Organization for Migration (IOM), allowed for in-depth inter-agency discussions on measurement issues and data availability in regard to migration and the post-2015 development agenda. The first retreat, held in January, assessed technical aspects of various migration-related indicators, while the second retreat, in October, reviewed indicators to measure the implementation of migration-related targets as proposed by the Open Working Group on Sustainable Development Goals.

19. The Population Division collaborated in other activities of the Global Migration Group, including the organization of a side event for the Group and the Global Forum on Migration and Development and one for the Group and representatives of non-governmental organizations, civil society and the private sector, both held at the United Nations in New York.

20. The Population Division, together with IOM, initiated work on a practical guide to measure international migration and its impact on development, a project supported by the World Bank's Global Knowledge Partnership on Migration and Development (KNOMAD).

21. The Population Division continued to maintain and update the global migration database, the world's most comprehensive collection of empirical data on the number and characteristics of international migrants. By the end of 2014, the database included over 4,800 data tables available for over 91 per cent of all

¹³ United Nations publication, Sales No. E.14.XIII.10.

countries and areas of the world.¹⁴ With more than 6,000 registered users across the world, the database is a major resource for migration researchers.

22. The Population Division published migration profiles for all countries and areas of the world based on a common set of indicators. The indicators, prepared in collaboration with UNICEF and other members of the Global Migration Group,¹⁵ are divided into four major parts. Part I covers the adoption of legal instruments related to international migration. Part II includes projections of net migration and their impact on the size of the population. Part III presents development indicators, including life expectancy, GDP per capita, remittances and others. Part IV includes data on the international migrant stock by major age group and country of origin, estimates of the number and composition of the refugee population, and data on student migration.

23. Throughout the year, the Population Division provided support to the work of the Special Representative of the Secretary-General for Migration, including through updating the Special Representative's webpage, showcasing his most recent articles.

24. The Population Division redesigned the website www.unmigration.org. The website is the main platform of the Division to disseminate information, data and analysis pertaining to its migration-related activities. The website provides access to the latest estimates of the international migrant stock, international migration flows and related publications. It also serves as a repository for meetings on migration serviced and organized by the Population Division, including intergovernmental meetings, inter-agency coordination meetings, and expert meetings. The website further provides a comprehensive set of reports by the Secretary-General on international migration and development as well as relevant resolutions adopted by the General Assembly and the Commission on Population and Development.

V. World population estimates and projections

25. The preparation of the official United Nations population estimates and projections for all countries and areas of the world is a core element of the work of the Population Division. The estimates and projections are used extensively within the United Nations system and by the general public, and are distributed as part of widely used databases accessible over the Internet, including the World Development Indicators maintained by the World Bank; the data portal of the United Nations, UNDATA, maintained by the Statistics Division of the Department of Economic and Social Affairs; and FAOSTAT, the statistics database maintained by the Food and Agriculture Organization of the United Nations (FAO). Several commercial database services also redistribute the Division's work, under agreements with the Department of Public Information.

¹⁴ The Population Division produces and publishes population estimates and projections for all 233 countries and areas of the world, a number that includes the 193 States Members of the United Nations and 40 areas or territories.

¹⁵ United Nations, Department of Economic and Social Affairs, Population Division, and UNICEF, *Migration Profiles — Common Set of Indicators* (2014). Available from <http://esa.un.org/MigGMGProfiles/MPCSI.htm>.

26. In February 2014 the Division released a report¹⁶ with a detailed explanation of the methodology used to produce *World Population Prospects: The 2012 Revision*. The report describes the way in which country estimates have been prepared and the approaches and assumptions that were used to project fertility, mortality and international migration until 2100. The report also provides an overview of the variants used in generating the different sets of population projections as well as information on the recently developed probabilistic projection methods.

27. In July 2014, the Population Division released a full set of “probabilistic population projections”¹⁷ based on *World Population Prospects: The 2012 Revision*, released in 2013. The probabilistic projections are based on historical data series of population by age and sex, as well as fertility and mortality trends between 1950 and 2010 for all countries and areas of the world, and incorporate methodological advances carried out by the Population Division in cooperation with researchers from the University of Washington, in Seattle, and the National University of Singapore.

28. The Population Division also issued *World Urbanization Prospects: The 2014 Revision*, in June 2014. This product includes the latest estimates and projections of the urban and rural populations of 233 countries or areas for the period 1950 to 2050, as well as estimates and projections of the population size of all urban agglomerations with 300,000 inhabitants or more in 2014, also for the period 1950 to 2030. Recognizing the importance of smaller cities and towns, this latest revision has expanded the number of cities and provides population estimates and projections for 1,692 urban settlements, compared to 633 in the *2011 Revision*. Outputs presenting the results of the *2014 Revision* include the publication of the *Highlights*,¹⁸ a report presenting the methodology used,¹⁹ and an interactive online database accessible through the Division’s website. In preparing the *2014 Revision*, particular attention was paid to the production of detailed documentation on the data sources and definitions used at the country level for urban and rural areas, as well as for cities and urban agglomerations. The full metadata compiled in this regard are accessible on the Population Division’s website.²⁰ The site also includes figures and maps illustrating the results obtained. The final analytical report, *World Urbanization Prospects: The 2014 Revision*, is scheduled to be released in the first quarter of 2015.

29. The 2014 revision of *World Urbanization Prospects* showed that 54 per cent of the world’s population resided in urban areas in 2014. By 2050, 66 per cent of the world’s population is projected to be urban. Today’s most urbanized regions include northern America (82 per cent living in urban areas in 2014), Latin America and the Caribbean (80 per cent) and Europe (73 per cent). In contrast, Africa and Asia remain mostly rural, with 40 and 48 per cent of their respective populations living in urban areas. All regions are expected to further urbanize over the coming decades.

¹⁶ “World Population Prospects: The 2012 Revision — Methodology” (Working Paper No. ESA/P/WP.235).

¹⁷ <http://esa.un.org/unpd/ppp/index.htm>.

¹⁸ *World Urbanization Prospects: The 2014 Revision — Highlights* (United Nations publication, Sales No. E.14.XIII.8).

¹⁹ “World Urbanization Prospects: The 2014 Revision — Methodology” (Working Paper No. ESA/P/WP.237).

²⁰ <http://esa.un.org/unpd/wup/index.htm>.

Africa and Asia will do so faster than other regions and are projected to become 57 per cent and 65 per cent urban, respectively, by 2050. The rural population of the world, currently close to 3.4 billion, has grown slowly over the last several decades and is expected to reach its peak in a few years, and begin to decline to 3.1 billion by 2050. Africa and Asia are home to nearly 90 per cent of the world's rural population.

30. Close to one half of the world's urban dwellers reside in relatively small settlements of less than 500,000 inhabitants, while around one in eight live in the 28 megacities with more than 10 million inhabitants. Tokyo is the world's largest city with an agglomeration of 38 million inhabitants, followed by Delhi with 25 million, Shanghai with 23 million, and Mexico City, Mumbai and São Paulo, each with around 21 million inhabitants. By 2030, the world is projected to have 41 megacities with more than 10 million inhabitants. Tokyo is projected to remain the world's largest city in 2030 with 37 million inhabitants, followed still by Delhi, whose population is projected to rise swiftly to 36 million. Several decades ago most of the world's largest urban agglomerations were found in the more developed regions, but today's large cities are concentrated in the global South. Many of the fastest growing urban agglomerations are small and medium-sized cities located in Asia and Africa.

VI. Health and mortality

31. During the reporting period, the Population Division produced several studies related to adult mortality, including mortality at older ages. One issue of Population Facts was dedicated to the topic "Living to old age: A new world norm";²¹ it called attention to the fact that mortality at older ages (65 years or over) accounted for half of all deaths worldwide in 2005-2010, and that this number is expected to keep rising in the future. The main reason for the increase in the percentage of old-age deaths differs between development groups. For the less developed regions, including the least developed countries, it was the decline in the number of deaths in childhood due to communicable diseases. For the more developed regions, the main reason was the decline in the number of adult deaths due to non-communicable diseases. The brief notes that the estimates of old-age deaths are less reliable than those of deaths at other ages, and that further improvements in data collection and measurement are required.

32. During 2014, the Population Division contributed to the work of the Inter-Agency Group for Child Mortality Estimation, whose task is to monitor progress made towards the achievement of Millennium Development Goal 4, namely, a reduction of infant and child mortality by two thirds between 1990 and 2015. The Inter-Agency Group, led by UNICEF and WHO, also includes the Population Division and the World Bank. The Population Division provided information to update the database on infant and under-five mortality estimates maintained by UNICEF (<http://childmortality.org/>), and it collaborated in the preparation of the 2014 report *Levels and Trends in Child Mortality*.²²

²¹ Population Facts No. 2014/5.

²² <http://childmortality.org/>.

33. In addition, the Population Division continued to collaborate in the Maternal Mortality Estimation Inter-Agency Group, which is responsible for monitoring progress towards the reduction of maternal mortality, a target under Goal 5. The Inter-Agency Group is led by WHO, with the participation of UNICEF, UNFPA, the World Bank and the Population Division. The Division provides key inputs to the maternal mortality estimation process, including country-level estimates of the number of women of reproductive age, the total fertility rate and the number of live births. For the 2014 revision of the maternal mortality estimates, the Division also contributed with data processing of maternal mortality modules from household surveys.

34. The Population Division also conducted research on the use of sibling histories from surveys to derive maternal mortality estimates, and produced a technical paper entitled "The impact of including reports from male respondents on estimates of maternal mortality from demographic and health surveys". The paper concludes that the inclusion of reports from male respondents yields similar estimates of the proportion of maternal deaths among women 15 to 49 years old as when male respondents are excluded, but that the addition of male respondents may be especially valuable when examining age patterns of maternal mortality. All technical papers are available from the Division's website.

VII. Population and development

35. The Population Division published a wall chart on population and development in small island developing States, in anticipation of the third International Conference on Small Island Developing States that was held in Apia from 1 to 4 September 2014. The wall chart presents the latest data available on 16 indicators of demographic, environmental and economic characteristics of the populations of small island developing States; up-to-date information on topics analysed in more detail is provided in a technical paper that the Population Division published in 2013.²³ The total population living in small island developing States in 2014 was estimated to be 66 million. Because of their small population size, net out-migration significantly impacts the population growth of small island developing States, especially in the Caribbean and Pacific regions. The negative effects of out-migration are partially compensated by the inflow of remittances, which are sizeable as a proportion of GDP in several small island developing States. Since nearly 90 per cent of small island developing States are located in tropical areas, their populations are disproportionately affected by environmental hazards and climate change. Nearly 29 million people living in small island developing States were affected by natural disasters between 1990 and 2013.

36. In the area of urbanization, the Population Division produced a new version of the estimates of the *Urban and Rural Population by Age and Sex* for the period 1980-2015 for all countries of the world with a population of 300,000 inhabitants or more in 2014. The database is available in CD-ROM and as an interactive database online.²⁴ This revision incorporates recently available data from the 2010 round of censuses and the last edition of the estimates and projections of the urban and rural

²³ Technical Paper No. 2013/4.

²⁴ Available from www.un.org/en/development/desa/population/publications/dataset/urban/urbanAndRuralPopulationByAgeAndSex.shtml.

population, released in *World Urbanization Prospects: The 2014 Revision*. The Division published a brief entitled "Our urbanizing world",²⁵ also based on the data from the *2014 Revision*. The brief noted that global urbanization has been driven by rapid growth of the urban population, concurrent with stagnating growth of the rural population, with projections indicating that around two thirds of countries will experience reductions in their rural populations between 2014 and 2050. The brief also points out that urban areas of Africa and Asia will absorb nearly all (90 per cent) of the projected growth of the world population to 2050.

37. Population ageing is a major, and increasingly relevant, global demographic trend, and the Population Division continued its work in updating its databases and analyses in this area. First, the Division released a new database, "Population ageing and development 2014", with time-series indicators on population ageing and development, including population size and age structure, fertility, health and mortality, socioeconomic indicators and government views and policies related to ageing. The database, which incorporates figures from *World Population Prospects: The 2012 Revision*, as well as other statistical sources, includes national-level indicators as well as aggregates for the world and regions. Secondly, the Population Division published a brief on population ageing and sustainable development,²⁶ emphasizing that global ageing is set to accelerate in the coming decades, as the percentage of the global population aged 60 years or over is expected to increase from 12 per cent in 2014 to 21 per cent in 2050. The brief also highlights the fact that older persons often provide net financial support to younger generations, and that a significant proportion of older people live independently, that is to say alone or with a spouse only. But it also calls attention to the need to prepare for the increasing demand for and expenditure on interventions that prevent and treat morbidities associated with old age, especially non-communicable diseases.

38. In relation to the interrelations between population and the environment and the international attention to sustainable development and the post-2015 development agenda, the Population Division released the "Population and development" database, which includes 62 variables dealing with population dynamics, labour force, education, health, economic growth, social development, natural resources and the environment. The database includes national-level indicators for all countries or areas with available data, as well as the aggregates for the world, development groups and major geographical areas, and is intended to facilitate integrated access to this information by policymakers, researchers, the media and civil society. The database is available on CD-ROM and through an interactive web interface.²⁷

²⁵ Population Facts No. 2014/3, available from www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2014-3.pdf.

²⁶ Population Facts No. 2014/4, available from www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2014-4.pdf.

²⁷ www.un.org/en/development/desa/population/publications/development/population-development-database-2014.shtml.

VIII. Monitoring, coordination and dissemination of population information

A. Monitoring of population trends and policies

39. The Division prepared the reports for the forty-seventh session of the Commission. The biennial report of the Secretary-General on world demographic trends (E/CN.9/2014/3) reviewed the major demographic trends since the International Conference on Population and Development in Cairo in 1994, drawing on a large number of new publications issued by the Population Division in 2013. The report indicated that the world's population reached 7.2 billion in 2014 and is expected to increase by more than 2 billion by 2050; most of the future population growth is expected to occur in the less developed regions. While the populations of Africa and Asia will increase greatly in the coming decades, a number of countries are expected to experience a decline in their population size due to persistently low fertility. Despite significant improvements in life expectancy over the past 20 years, many countries will fail to meet the targets for life expectancy, infant and child mortality and maternal mortality included in the Programme of Action.

40. The report of the Secretary-General on the framework of action for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014 (E/CN.9/2014/4 and Corr.1) was prepared in collaboration with UNFPA, as it was based largely on the UNFPA report on the operational review of the implementation of the Programme of Action and its follow-up beyond 2014. The report emphasized that the respect, protection, promotion and fulfilment of human rights are necessary to improve the development, dignity and well-being of all people, and that sexual and reproductive health and rights, as well as an understanding of the implications of population dynamics, are critical foundations for sustainable development. Protecting and fulfilling the human rights of young people and investing in their high-quality education, effective livelihood skills, access to sexual and reproductive health services and information, including comprehensive sexuality education, in addition to employment opportunities, are also necessary for the achievement of their full potential.

41. In resolution 65/234, the General Assembly requested the Secretary-General to prepare an index report indicating recurrent themes and key elements identified during the sessions of the Commission on Population and Development. The Population Division, in collaboration with UNFPA, prepared the report (A/69/122) and transmitted it for consideration at the twenty-ninth special session of the General Assembly on the follow-up to the International Conference on Population and Development beyond 2014, held in New York on 22 September 2014.

42. The index report highlighted the discussion in plenary meetings during the forty-seventh session of the Commission in 2014, where Member States expressed widespread support for the continuing centrality of the agenda of the International Conference on Population and Development to global development, and for ensuring that the principles and objectives of the Programme of Action and the key actions for its further implementation be carried forward in the formulation of the post-2015 development agenda and the sustainable development goals. Many Member States referred to the 20-year review of the implementation of the

Programme of Action led by UNFPA and emphasized the need to take into account its findings and recommendations in shaping the population policies of the future. The need to continue efforts to improve the living conditions of all population groups, eradicate poverty and reduce social and economic inequalities was also identified as a recurrent theme of the Commission during its forty-seventh session. States emphasized the essential role that the Commission has played in assessing the implementation of the Programme of Action, and the importance of human rights and a people-centred approach for the post 2015 agenda. They urged the international community to give priority to the core goals of gender equality, empowerment of women, investment in young people, inclusive economic growth and universal access to sexual and reproductive health and rights, and to capitalize on the opportunities resulting from population trends to address climate change and ensure environmental sustainability.

B. Coordination activities

43. The Population Division organized the twelfth coordination meeting on international migration in New York on 21 and 22 February 2014. The meeting was attended by more than 150 participants, including representatives of Member States, Observers, United Nations system entities, and non-governmental organizations. The Special Representative of the Secretary-General for Migration, the Director-General of the International Labour Office and the Chair of the Global Forum on Migration and Development also participated in the meeting. The meeting focused on the follow-up to and implementation of the Declaration of the 2013 High-level Dialogue on International Migration and Development, and of the eight-point agenda for action of the Secretary-General. The meeting also considered how to integrate migration into the implementation framework of the post-2015 United Nations development agenda.

44. The Population Division participated in the twenty-fourth session of the Committee for the Coordination of Statistical Activities, which was held in Rome on 11 and 12 September 2014. The meeting was organized by the Statistics Division and FAO. The report and the results of a survey conducted by the Committee were presented, and the Division contributed to discussions on the data revolution, the use of national versus international data in the monitoring of development goals, and the use of Statistical Data and Metadata eXchange applications.

45. The Population Division participated in the meeting of the Inter-Agency and Expert Group on Millennium Development Goals Indicators in Geneva in October 2014, to assess progress towards Goal 5, including target 5.B on reproductive health. The discussion focused on the structure and content of the final report on progress on the Millennium Development Goals achieved in 2015, as well as common challenges and opportunities for monitoring progress within the United Nations system and at the global, regional and country levels. The Inter-Agency and Expert Group also considered next steps, until the end of 2015, to contribute lessons learned and guidance from monitoring the Millennium Development Goals for the international monitoring of targets in the post-2015 development agenda.

C. Dissemination of population information and data

46. During 2014, the Population Division continued to update and expand its website in order to provide timely access to population information for use by government officials, researchers in academia or the private sector, and civil society. At the beginning of the year, the Population Division released the Population Policy Database, thereby improving the accessibility of information on this broad topic to the public. The website now contains all publications issued by the Division as well as a full collection of documents for and statements made during the sessions of the Commission on Population and Development. In cooperation with the Department for Public Information, the Population Division created a dedicated website in the six official United Nations languages to support the special session of the General Assembly on the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014. The website was developed with a responsive web design so as to meet United Nations standards and to provide the best possible viewing experience on mobile devices.

47. To improve dissemination of information, the Population Division has actively engaged in promoting content via social media channels. The Facebook campaign of the special session of the General Assembly alone was able to reach over 130,000 individuals and the link to the dedicated website was shared 154 times over all major regions of the world. The outreach was also expanded by engaging experts outside and inside the United Nations to compose a short video intended to promote the special session in the lead-up to the General Assembly. The video, hosted on YouTube, was viewed in excess of 4,000 times, facilitating further dissemination and leading viewers to the website.

IX. Technical cooperation

48. The Population Division, in collaboration with the Economic Commission for Latin America and the Caribbean (ECLAC), provided technical support to the Government of Uruguay at the request of the Office of Planning and Budget. A joint Population Division/ECLAC mission was undertaken in August 2014 to assess technical and policy issues related to population ageing and the sustainability of the Uruguayan social security system. Population Division and ECLAC staff delivered a training workshop in November 2014 in Montevideo on probabilistic population projections and some of the fiscal implications of population ageing. The workshop trained 16 Uruguayan professionals from government offices, including the National Statistical Institute, the Banco de Previsión Social and the University of the Republic.

49. The Population Division, in collaboration with the Statistics Division of the Department of Economic and Social Affairs and the Economic Commission for Africa, convened a workshop on "Strengthening the collection and use of international migration data for development" in Addis Ababa in November 2014. The workshop served to increase the capacity of 40 participants from 13 countries of sub-Saharan Africa to produce national migration data and to enhance the use of migration data for policy purposes. Participants included experts from national statistical offices and representatives of ministries or agencies, as well as experts from international and regional organizations working in the field of international migration, labour mobility and refugee protection in Africa.

Annex

Workshops, publications and other materials organized or prepared by the Population Division (1 January-31 December 2014)^a

Training workshops

Workshop on probabilistic population projections, Montevideo, 4-7 November 2014. Organized by the United Nations (Population Division and ECLAC Population Division) and the Planning and Budget Office and the National Statistical Institute of Uruguay.

Workshop on strengthening the collection and use of international migration data for development, Addis Ababa, 18-21 November 2014. Organized jointly by the Population Division and the Statistics Division, in collaboration with the Economic Commission for Africa.

Research studies

Abortion Policies and Reproductive Health around the World (United Nations publication, Sales No. E.14.XIII.11)

Concise Report on the World Population Situation 2014 (ST/ESA/SER.A/354)

Compendium of Recommendations on Population and Development, Vol. I (United Nations publication, Sales No. E.14.XIII.12)

Compendium of Recommendations on Population and Development, Vol. II (United Nations publication, Sales No. E.14.XIII.13)

World Fertility Report 2013: Fertility at the Extremes (ST/ESA/SER.A/362)

World Urbanization Prospects: The 2014 Revision — Highlights (United Nations publication, Sales No. E.14.XIII.8)

Databases

Migration Profiles — Common Set of Indicators (web datasets)
(<http://esa.un.org/MigGMGProfiles/MPCSI.htm>)

Population Ageing and Development Database 2014
(<http://www.un.org/en/development/desa/population/publications/ageing/ageing-development-database-2014.shtml>)

World Contraceptive Use 2014 (web datasets)
(<http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2014.shtml>)

Probabilistic Population Projections based on the World Population Prospects: The 2012 Revision (web datasets)
(<http://esa.un.org/unpd/ppp/>)

^a Excluding reports issued as parliamentary documentation.

Population and Development Database 2014 (web dataset)

(<http://www.un.org/en/development/desa/population/publications/development/population-development-database-2014.shtml>)

*Population and Development Database 2014 (CD-ROM) (POP/DB/PD/PDDB/2014)**Urban and Rural Population by Age and Sex, 1980-2015 (version 3, August 2014) (web datasets)*

(<http://www.un.org/en/development/desa/population/publications/dataset/urban/urbanAndRuralPopulationByAgeAndSex.shtml>)

*Urban and Rural Population by Age and Sex, 1980-2015 (version 3, August 2014) (CD-ROM) (POP/DB/PD/URPAS/2014)**World Urbanization Prospects: The 2014 Revision (CD-ROM Edition) (ST/ESA/SER.A/361)**World Urbanization Prospects: The 2014 Revision (web datasets)*
(<http://esa.un.org/unpd/wup/DataQuery/>)*World Population Policies (web datasets)*
(http://esa.un.org/PopPolicy/about_database.aspx.)**Wallcharts***Population and Development in SIDS 2014 (United Nations publication, Sales No. E.14.XIII.7)**Reproductive Health Policies 2014 (United Nations publication, Sales No. E.14.XIII.10)**Urban Agglomerations 2014 (United Nations publication, Sales No. E.14.XIII.14)**Urban and Rural Areas 2014 (United Nations publication, Sales No. E.14.XIII.15)***Technical papers series**

"The correspondence between projected total fertility and contraceptive prevalence using the proximate determinants framework" (Technical Paper No. 2014/1)

"The impact of including reports from male respondents on estimates of maternal mortality from demographic and health surveys" (Technical Paper No. 2014/3)

Expert papers series

"Different pathways to low fertility in Asia: consequences and policy implications" (Expert Paper No. 2014/1)

Working papers

"World Population Prospects: The 2012 Revision — Methodology" (Working Paper No. ESA/P/WP.235)

"World Urbanization Prospects: The 2014 Revision — Methodology" (Working Paper No. ESA/P/WP.237)

Policy briefs

Despite overall expansion in the legal grounds for abortion, policies remain restrictive in many countries. Population Facts No. 2014/1

A World of Cities. Population Facts No. 2014/2

Our urbanizing world. Population Facts No. 2014/3

Population ageing and sustainable development. Population Facts No. 2014/4

Living to old age: A new world norm. Population Facts No. 2014/5

Population growth and universal access to reproductive health. Population Facts No. 2014/6